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Portable Edition

Quitting Smoking & Vaping

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Discover the benefits of quitting today

Find help to get through the first weeks and months

Manage lapses and weight gain

Charles H. Elliott, PhD
Laura L. Smith, PhD
Clinical psychologists and authors of *Overcoming Anxiety For Dummies*

Quitting Smoking & Vaping

Portable Edition

by Charles H. Elliott, PhD, and Laura L. Smith, PhD

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Quitting Smoking & Vaping For Dummies®, Portable Edition

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Introduction

Quitting Smoking & Vaping For Dummies, Portable Edition, is a comprehensive toolkit for anyone struggling with an addiction to nicotine. If you want to give up a habit, this book provides a complete recipe for quitting.

Many stop-smoking books and programs are highly limited in what they recommend. Some give you a long list of tips and not much more. Others promise that you'll have an absurdly easy time quitting with virtually no effort (that is, if you buy their products).

We aren't promising you anything magical. And we suggest your efforts to stop smoking or vaping will be difficult. You may not even succeed on the first try. That's okay — we tell you how to deal with relapses.

You can count on us to give you the straight scoop about the best approaches to quitting smoking or vaping. Guess what? You probably won't use them all and that's why we give you choices. If what you try at first doesn't work for you, there's a whole lot more you can try.

About This Book

Our number-one goal is to help as many people as possible give up the costly, unhealthy habits of nicotine and tobacco consumption. In order to accomplish that goal, we describe the various methods of smoking-cessation strategies. These include medications, rethinking your relationship to urges and smoking, increasing motivation, finding alternatives to fight urges, and more.

Tobacco can be consumed in a variety of ways. In addition, vaping devices are another way of obtaining nicotine. A second goal of this book is to let you know that these different delivery systems all have distinct risks associated with them. We describe those risks and the controversies surrounding each system in some detail.

Throughout the book, the strategies we give you can be used for quitting vaping, smoking regular cigarettes, or smokeless tobacco.

For simplicity and convenience, we don't repeat all the tobacco and nicotine forms each time we bring up a quitting strategy. All our suggested techniques can be applied to any form of tobacco or nicotine addiction.

Within this book, you may note that some web addresses break across two lines of text. If you're reading this book in print and want to visit one of these web pages, simply key in the web address exactly as it's noted in the text, pretending as though the line break doesn't exist. If you're reading this as an e-book, you've got it easy — just click the web address to be taken directly to the web page.

Foolish Assumptions

We assume that if you're reading this book, you want to quit smoking or vaping. Or perhaps you know or care about someone who does. Either way, we're glad you've picked up this book, and we hope you or your loved one will reach your goal of becoming a nonsmoker.

Icons Used in This Book

Look for the little pictures in the margins. Those are called *icons* and they're intended to get your attention in some specific way. We use the following icons:

REMEMBER

This book is a reference, which means you don't have to commit the information contained in these pages to memory. But sometimes we tell you something so important that you really should remember it. And when that happens, we use the Remember icon.

TIP

Whenever we give you a practical idea for quitting smoking or vaping, improving your health, sticking with your program, carrying out suggestions more efficiently, and improving long-term gains, we mark it with the Tip icon.

WARNING

When we alert you to potential risks, things not to do, or other important considerations you don't want to miss, we use the Warning icon.

Where to Go from Here

You don't have to read this book from start to finish. Each chapter stands on its own, so you can dip into the book wherever you want. You can use the Table of Contents or Index to find the information you're most interested in right now.

Not sure where to start? If you want to find out different methods that can help you quit, start with Chapter 5. If you're a smoker or vaper, and you want to get a plan for quitting now, head to Chapter 7. If you've already quit (good for you!), and you're struggling to stay a nonsmoker, Chapters 11 and 13 are for you.

IN THIS CHAPTER

- Winning the war on tobacco
- Knowing the enemy: addiction
- Accepting yourself
- Going for the long game

Chapter 1
A Matter of Life

Imagine taking up a truly enjoyable hobby. It's a little costly, but it feels good. Unfortunately, there's a downside: About half of the people who practice this hobby regularly end up dead due to the riskiness of the hobby.

Now, we're not talking about climbing Mt. Everest or *BASE jumping* (jumping off cliffs and using a parachute at the last minute). No, those hobbies are relatively "safe" by comparison to what we're talking about. The hobby of smoking kills about half of long-term enthusiasts.

That fact probably accounts for why most smokers actually want to quit smoking: They know what's in store for them down the road. Yet, giving up jumping off cliffs as a hobby is easier than giving up smoking. Wanting to quit is a start, but not enough by itself.

However, progress is happening. Today, the combined effects of regulated advertising, greater restrictions on locations that allow smoking, and changes in societal norms have culminated in substantial reductions in overall tobacco use. In 2000, no state in the United States banned smoking in bars, restaurants, or the workplace. By 2018, 38 states had passed at least partial bans on public smoking.

These changes have contributed to a dramatic reduction in overall smoking rates from a high of almost half of all adults to a rate of just under 14 percent today. Some experts have even declared that the war on tobacco has almost been won.

But just before victory could be declared, another formidable threat appeared on the horizon: vaping. Many experts have expressed the opinion that vaping may pose many of the same risks as smoking combustible cigarettes. Surprisingly, other leading authorities contend that vaping nicotine may be a useful tool in finally winning the war on tobacco. The jury is still out on this issue, but we give you the latest analysis in this book.

We contend that smoking, vaping, or chewing tobacco are all basically unhealthy pursuits. So, in this book, we offer you the best, evidence-based methods for quitting smoking, vaping, or using smokeless tobacco. Essentially the same change techniques can be applied to all these related addictions.

REMEMBER

It won't be a cake walk, and you may stumble. But we give you ways to pick yourself up and go at it again. Keep trying and you're likely to kick the habit for good.

Accepting the Consequences of Being Human

Becoming addicted to nicotine is not something that people choose to do. When people take a few puffs of a cigarette or a vaping device, they don't intend to become dependent on a drug that costs money and time, while taking a serious toll on their health.

The brain's wiring makes addiction virtually inevitable for most people when certain substances, such as nicotine, are ingested repeatedly. Over time, the brain powerfully associates good feelings with those substances and unpleasant sensations of cravings when denied them.

An addicted brain offers a seductive promise: Keep supplying the drug and you won't ever have to deal fully with pain, suffering, or hardship. Unfortunately, it's a false promise. As addiction takes hold, it enslaves the mind. The addict is almost doomed to a life of finding ways to satisfy never-ending cravings. Luckily, there

are ways to beat an addiction, and this book helps you accomplish that goal.

REMEMBER

Addiction is not a moral failure, a character flaw, or a sign of weakness. Addiction happens to people. When you're caught in its grip, fighting off an addiction takes courage, effort, and persistence. Don't worry — we lead you through the process and hold your hand every step of the way.

TIP

If you struggle with smoking, don't become mired in self-loathing, blame, and shame. You did *not* choose to become addicted to nicotine. Blaming yourself makes it tougher to move forward. You need all the resolve you've got to fight this — don't add more baggage to your load.

In addition to being vulnerable to addiction, humans have considerable tenacity and resilience. We help you build on your strengths to overcome addiction to nicotine.

Tabulating the Health Costs of Smoking

Almost a half a million people die from smoking-related illnesses each year in the United States alone. Thousands of young people start to smoke or vape every day. Left unchecked, it's assumed that about 5.6 million of today's teenagers will die prematurely from smoking.

Smoking costs more than $300 billion a year in both lost productivity and direct healthcare services. Smokers routinely die of lung cancer, cardiac disease, and strokes, among other smoking-related maladies.

We give you these facts not with the purpose of scaring you. You already know smoking causes life-threatening illnesses and wreaks havoc. Just consider using this information to inspire your efforts and realize you're contributing to a healthier society when you stop smoking. See Chapter 2 for more about tobacco and health.

Summing Up a Financial Spreadsheet

What could possibly be worth spending $1 million each and every hour of each and every day? Tobacco companies spend that amount of money on promotion and advertising to get your business and pump up their profits. What's more important to you is what it's costing you. Above and beyond the "mere" price of cigarettes themselves, smoking costs much more. For example:

- Smokers pay more for health and life insurance.
- Smokers earn about 80 percent of the earnings of nonsmokers.
- Some employers, especially in the healthcare industry, refuse to hire smokers.
- Smokers pay more out of pocket for medical care.
- Smokers use more sick days than nonsmokers.
- Smokers spend more time and money on washing and cleaning their smelly clothes, homes, and cars.

Comparing costs with vaping

Direct comparisons of the cost of vaping with that of smoking regular cigarettes is difficult. That's because different vaping devices have quite variable costs and e-liquids come in an array of types and container sizes with their own unique costs (see Chapter 3 for descriptions of vaping devices and e-liquids). Nonetheless, if consumers shop carefully, they're likely to discover that vaping costs considerably less than smoking combustible cigarettes.

The issue of health and life insurance policy costs is completely up in the air. Given that vaping is a relatively new phenomena and few studies have been conducted on its long-term safety, insurance companies have not clarified their rules and fixed different premium prices for vaping versus smoking policyholders.

REMEMBER

Some insurance companies require a physical exam before offering a policy. Many health and life insurance companies charge a higher premium to smokers. The way insurance companies test for whether you smoke is to check nicotine levels. Because most vaping e-liquids contain nicotine, vapers will test positively for nicotine. Thus, smokers who turn to vaping for their reputedly

lower risk profile will still face higher premiums (see Chapter 3 for more information about the risks of vaping).

Calculating the ways you want to spend your windfall

Savings you accrue from not buying endless packs of cigarettes (or other tobacco or nicotine products) mount up rapidly over time — even if you ignore all the considerable funds that aren't spent on insurance, lost work, and other indirect costs. We strongly recommend that you start putting aside what you would've spent on tobacco or nicotine. Watch it grow!

Make a list of spending priorities when your balance reaches a tidy sum. Post that list in a visible place and look at it often for inspiration. Say that an average cost of a pack of cigarettes in your state runs about $7. If you smoke a pack a day, that comes to about $2,555 per year. The ten-year total accumulates $25,550. You could buy a car with that! There are lots of other things you could do with just one year's savings, like:

- Buy a new computer.
- Buy an amazing TV.
- Buy a bunch of new clothes.
- Pay off a credit card.
- Buy a terrific new appliance.
- Pay for gym dues for a long time.
- Take an amazing weekend getaway or a nice vacation.
- Make a nice donation to the charity of your choice.

The really great thing about these expenditures is that you can almost think of them as free money. It's money you absolutely would not have accumulated without quitting. Stop burning your money! Give it back to yourself. You've earned the right to splurge a bit!

Some people prefer to invest their smoking savings. You can do that in an ultra-safe savings account or go a little wilder and invest in a specific stock or in a mutual fund. It's amazing how much more that money can grow to if you put it in and let your gains compound over time.

TIP

Investing for the long term will only work if you find it highly rewarding to watch those returns grow slowly over time. If you prefer more immediate gratification, we recommend that you go ahead and be a bit self-indulgent for the highly worthy goal of quitting smoking or vaping.

Breaking Up Is Hard to Do

Well, not always. If you ever broke up with an abusive partner, then you know that breaking up may feel temporarily tough, but afterward there is a tremendous sense of relief. That's what breaking up with smoking is like. Smoking is a toxic partner. Walking away from it is hard at first, but soon you'll find yourself feeling tremendous relief.

Life is full of hard-to-accomplish goals. Think back; ponder what you've done in your life that took guts, time, and hard work. Those are the things that you feel incredibly proud of when you look back. Quitting smoking will be an accomplishment you can be proud of. But don't get discouraged and defeat yourself before you start by thinking it's *too* hard.

REMEMBER

You've faced and conquered grueling challenges in your life. You can get through this too with a little help from this book, support from friends, and the same grit and determination that you've mustered in the past!

Seeing that a little help goes a long way

Many paths lead to a smoke-free life. We cover them in detail in Chapter 4 through Chapter 11. Before you quit, you may want to consider reading about the techniques offered throughout those chapters. To get a sense of what's available for your quitting endeavor, here's a list of most of the techniques we have to offer you:

- Nicotine replacement therapy (NRT)
- Medications
- Rethinking your relationship to cravings and urges
- Planning alternative actions to counter urges
- Support from smoking cessation apps

- Quitlines
- Support groups
- Websites for quitting smoking
- Rewarding your progress
- Developing a healthy lifestyle
- Managing your weight
- Dealing with lapses and relapses
- Strategies for enhancing long-term success

You can see you have lots of strategies to choose from. Don't let the length of this list scare you. See Chapter 7 for figuring out how to pick what's best for you to start with. You won't have to use all these techniques. And if what you start with doesn't work, there's more standing by ready to help.

Making a plan and checking it twice

Most people find that developing a detailed quit plan *before* quitting will increase the odds of success. Therefore, we suggest that you don't go cold turkey until you've done some preparation. We detail how to make a plan in Chapter 7 and help you get through the first day in Chapter 8.

Chapters 9 and 10 prepare you for dealing with the first month of quitting and throughout the next five months. We tell you how to deal with sleep problems, cravings, and the crabbiness that often accompanies your quitting journey.

Life After the Breakup

Many quitters assume that if they've quit for six months or so, their battle has been won. And indeed, they've made great, substantial progress! But some vigilance is still advisable.

Let your guard down and nicotine can crawl back through the door unnoticed. So, we recommend you stay on the lookout for high-risk situations such as the following:

- **Places that you associate with smoking:** These could include a certain area of your own home, your car, or a neighbor's porch.

- **Times when you're easily angered or frustrated:** When you're angry, it's easy to say, "To heck with it," or "I just don't care," but those are simply reactions to your anger. Expect urges at such times and have an alternative to caving in ready to go (see Chapters 9, 10, and 11 for tips on dealing with cravings).
- **Socializing with people you associate with smoking:** This situation is dangerous. Others may tempt you with offers of a cigarette. Have a reply ready such as, "Thanks, but I'm doing the toughest thing I've done in a long time — quitting. And I know that one cigarette will lead to another."
- **Celebrations:** This high-risk situation may surprise you. Celebrations are good, right? Yep. But good times are also often powerfully associated with smoking. Be prepared.

Slipping and tripping insurance

Regular smokers are often jealous of so-called casual smokers, those who claim that they can go for months without a cigarette and only smoke occasionally during parties or other social gatherings. Wouldn't it be nice to be a casual smoker, able to just have one cigarette here and there? Well, for almost all cigarette smokers, there is no casual opportunity. When a smoking habit begins, it quickly escalates into a regular, frequent pattern of smoking.

After quitting, the mind tries to trick former smokers into believing that they can have just one cigarette. But like potato chip advertisers know, one is never enough. A lapse of just one or two cigarettes can quickly morph into a full pack-a-day habit again.

TIP

If you do slip, pay attention. Go on high alert. Review your quit plan and get support. People who take lapses like these seriously can often get right back on track. You need to reach out. Consider calling the national quitline at 800-QUIT NOW (800-784-8669). People who "blow off" the importance of a few cigarettes often relapse completely.

REMEMBER

For most smokers, when they quit, there should be no puffs, not one. It's just not worth the risk.

Lighting the way to a new, nonsmoking lifestyle

We're here to support your efforts for the long run. Our ultimate goal for you at the end of the day is that you find a lifestyle as a nonsmoker that gives you more satisfaction than you had as a smoker. That may sound impossible, but it's not. Assuming that you share the objective of finding a better nonsmoking lifestyle, there are a few things you need to do.

Deserving and seeking healthy pleasures

People report greater life satisfaction when they reward themselves with healthy pleasures. But if you're going to do that, you have to believe you deserve to have more pleasure in your life to begin with.

Let's face it, you quit smoking. That took a lot of work. You deserve a break! And putting pleasure into your life will help keep you smoke free.

Practicing self-compassion

Hey, it's tough being human. You have huge responsibilities — whether that's work or family or friends or pets or some combination of these. Along the way, you're going to make mistakes as everyone does. Start being your own best friend. When you slip up, forgive yourself unconditionally. Be kind to your body and your mind. People who practice self-compassion are happier and have greater life satisfaction.

Reaching for resilience

It takes resilience to make it through today's challenging world. To get up after a fall, it's important to have strong social connections. Nurture your friendships and spend time with people you care about. Connections provide a buffer from the unanticipated obstacles that come out of the blue. You can also strengthen your inner resources through practicing mindfulness strategies.

IN THIS CHAPTER

- Seeing what smoking does to lifestyle
- Counting up the health costs of smoking
- Glancing at the health benefits of quitting

Chapter 2
Taking Tobacco's Health Costs into Account

A group of friends, camping together, join around the campfire after the sun sets and the night turns cooler. The group finishes eating their s'mores, sings a couple of folk songs, and relaxes around the brightly burning fire. The hostess reaches into her backpack and brings out paper straws that she passes to her guests.

Most guests take a straw, lean into the fire and then suck up the gritty smoke, breathing deeply in and out. Plumes of smoke rise through the trees into the star-filled sky. A couple of guests pluck bunches of leaves from nearby plants and start chewing them — while spitting out the residue. Others gather dead leaves, crush them into a powder and snuff it up their noses. A satisfying end to a lovely evening.

Does this sound like your vision of an idyllic camping adventure? Yuck. Probably not. But ask yourself how different this scene is from what people do when they smoke, chew, or sniff tobacco. Why would anyone do that? As Chapter 1 notes, it's largely about addiction, of which nicotine is a prime culprit.

In this chapter, we review the consequences of smoking or ingesting tobacco products. First, we describe how consuming tobacco affects a person's life. Then, we delve into the longer-term

consequences of smoking cigarettes, pipes, and cigars, or using smokeless tobacco products.

WARNING

Research tells us that scare messages about tobacco don't work very well to help people stop smoking. For some, such messages seem to make things worse. We report this information not with the intent of scaring you. Just realize that in order to make good decisions, it helps to know the truth about the risks of tobacco.

How Smoking Affects Everyday Life

In this section, we primarily address how smoking affects day-to-day living. That's because, to date, more people smoke than use smokeless methods of tobacco ingestion. Plus, a vast body of research on the effects of smoking exists for us to draw on.

WARNING

There is no verifiably safe tobacco product available today. You may hear claims to the contrary, but the evidence fails to support that idea. Whether you smoke, inhale, chew, or sniff, tobacco is hazardous to your health.

Examining exercise

Smoking makes it much harder to exercise. That's unfortunate because the benefits of exercise on overall physical health and well-being are hard to deny. The following is just a partial list of health benefits you can expect from frequent, consistent exercise, whether you smoke or not. Specifically, exercise

- Normalizes blood pressure
- Improves overall cardiovascular health
- Decreases the risk of diabetes
- Reduces some cancer risks
- Improves muscle and joint function
- Reduces inflammation
- Strengthens bones
- Improves memory and brain functioning

Regular exercise also improves mental health. Frequent exercisers have less depression and anxiety. They also have better focus and handle stress more effectively. Find a drug that can do all that

for both mental and physical health, and you'll become rich and famous!

So if you smoke, it's even *more* important to exercise. That's because smoking damages many of the things that exercise at least ameliorates. Unfortunately, smoking also makes exercise more challenging because smoking

- Narrows the arteries, reducing blood flow
- Increases resting heart rate
- Decreases lung capacity
- Increases carbon monoxide in the bloodstream
- Increases the body's production of phlegm
- Decreases the body's ability to use oxygen

These effects of smoking obviously decrease your stamina and aerobic capacity. Smoking also damages muscles and their capacity for growth because of impaired circulation. That doesn't mean you shouldn't exercise, but you need to proceed with care. Exercise seems to mitigate *some*, but not by any means all, of the risks from smoking. Quitting is best.

WARNING

If you smoke and plan to start an exercise routine, be sure to check with your primary-care provider first. Your health may already be compromised, and you may have to adhere to a graduated, careful regimen.

TIP

Some regular smokers who exercise claim that smoking doesn't impact their health. This belief involves denial and wishful thinking. Smoking may not have fully caught up with them or, more likely, they're experiencing some effects that will worsen with time.

Eating and smoking

Many teens, especially girls, start smoking because they want to lose weight. In fact, merely *desiring to diet* increases the chances that a teen will turn to smoking. And, perhaps unfortunately, there is some truth that smoking and nicotine help control weight. Nicotine appears to have many impacts on the body, including increasing metabolism and suppressing appetite. In addition, smokers sometimes claim that they reach for a cigarette rather than a cookie or a donut.

However, smoking negatively affects nutrition. For example, tobacco smoke has the potential to decrease absorption of calcium and vitamins C, B, and E. Furthermore, smokers are less likely to eat a healthy diet full of fruits and vegetables.

Smokers who quit tend to gain weight. The amounts are typically moderate, but significant. Sometimes smokers who previously had normal body mass indexes move into the overweight category after quitting smoking.

WARNING

Concerns about weight gain are important. However, it's important to remember that the negative health effects of smoking far outweigh the costs of gaining weight. See Chapter 12 for dealing with weight gain when trying to quit smoking.

Smelling and smoking

When it comes to the sense of smell, you get hit with two problems from smoking:

- **Smokers are six times more likely to have a diminished sense of smell than nonsmokers.** Those who smoke more lose even more of their sense of smell. Loss of smell can make food less appetizing. Loss of smell even poses some danger: You may not be able to detect gas leaks or smoke and fire. You may not know your house has some horrible odor — not a good thing when having company over.
- **Smokers, well, um, they tend to smell like disgusting smoke and cigarettes to nonsmokers.** Cigarette smell is notorious for permeating curtains, furniture, bedding, cars, clothes, and even your hair. You may wonder why you don't smell it. Did we mention you lose your sense of smell?

Looking in the mirror

Smoking affects the youthfulness and health of your skin. Several studies have been conducted in which identical twins (one a smoker and one not) were evaluated by researchers who did not know their smoking history. Overall, nonsmoking twins were judged as more attractive and had fewer signs of facial aging than their smoking counterparts.

So if you want healthier, more vibrant skin, giving up smoking may be your next miracle beauty cream. And instead of having to

pay more than $100 an ounce for it, you get paid by not having to buy cigarettes!

Smoking also affects appearance by causing

- Yellowing of the fingers and fingernails
- Thinning hair and hair loss
- Acne breakouts
- Stained teeth
- Patches on the tongue
- Belly fat
- Increased risk of psoriasis
- Sagging skin

Reproducing and smoking

If you're thinking about having a baby, there's no better time than now to stop smoking. Fertility in both men and women decreases with smoking. Sperm quality, density, count, and motility decline. Eggs are exposed to the toxins and appear to be damaged by smoking.

WARNING

Men who smoke are at risk for erectile dysfunction. We're pretty sure that could make getting pregnant a bit more challenging and possibly less rewarding.

Worse are the effects of smoke on the unborn child. Smoke, whether from the mother or secondhand, goes directly to the developing fetus. Smoking is associated with

- Increased rate of miscarriages and stillbirths
- Increased incidence of birth defects
- Prematurity
- Sudden infant death syndrome (SIDS)
- Low birth weight
- Lung and respiratory problems

In effect, the baby becomes a smoker right along with both mom and dad. Most advice in books and on the Internet implore you to stop smoking if you're planning to become pregnant. Prospective parents already know that. We simply suggest that this is a time

future parents don't go it alone. See your healthcare provider to coordinate your pregnancy, or your partner's pregnancy, with an effective stop-smoking plan such as the one outlined in this book. You don't need to try harder, just smarter.

TIP

If you're a smoker and become pregnant, beating yourself up will not help. We know you care about your baby, and feeling guilty won't make things better. You need to find someone who can support you and help you develop a solid game plan for quitting and preparing yourself for the birth of your baby.

Getting Seriously Sick from Smoking

Unfortunately, ingesting poison into your system daily for many years takes a toll. We say that not to shame or scare you. Mercifully, we're keeping some of the gory details limited. The reason it's important to know about these issues is that it may help give you additional motivation for quitting.

The good news is that quitting smoking confers substantial health benefits no matter when you do it. The bad news is that you actually have to quit to get these benefits.

So exactly what can you expect in the relatively near term when you quit smoking? Here are a few of the benefits:

- If you're an exerciser, your lung function starts to improve after just a few weeks of not smoking.
- Fertility returns to normal quickly after quitting.
- The risk of babies born with low birth weight is the same as nonsmokers upon quitting.
- Your smell and taste will gradually return after six months or less.
- You won't cough as much in the first year or so.
- Your heart disease risk reduces after the first year and improves to that of a nonsmoker after 15 years.
- Cancer risk reduction takes longer but declines after five years.
- Your risk of a stroke declines substantially after five years.

In the following sections, we detail the major health risks of smoking. Smoking continues to be the most preventable cause of death in the United States and most of the world.

Examining the vascular system

The circulatory system includes the heart, arteries, and veins and is responsible for delivering oxygen-rich nutrients and removing waste from all areas in the body. In a healthy body, the process of circulation is effortless. Smoking interferes with that process.

Cardiovascular disease

Heart disease is the leading cause of death for men and women in the United States. About 20 percent of all deaths from heart disease can be directly attributed to smoking. In addition, smokers who have heart disease are more likely to die younger than nonsmokers.

WARNING

Every single cigarette a smoker consumes increases the risk of heart disease. In other words, the more you smoke, the more likely you'll die of heart disease.

What does smoking do to the cardiovascular system? If your health care provider tells you that you suffer from one of the following health issues, you can bet that smoking has contributed to these interrelated diseases:

- **Hypertension (high blood pressure):** Smoking increases blood pressure immediately and over the long term. Hypertension causes the heart to pump harder. It damages blood vessels, causing them to narrow, weaken, or rupture. That damage, in turn, can lead to stroke or heart attack.
- **Arteriosclerosis:** This disease involves plaque buildup in the arteries, which can result in a serious blockage resulting in stroke or heart attack.
- **Heart disease:** When the plaque buildup affects the blood supply to the heart or the coronary arteries, it can cause chest pain, shortness of breath, or a heart attack. When a heart is weakened, it can lead to what's known as *heart failure.* Heart failure occurs gradually, and symptoms include shortness of breath, weakness, fatigue, wheezing, and retention of fluids, resulting in swollen feet and ankles.

Cerebrovascular disease

Strokes occur when the blood supply to the brain is impeded by a blockage or leakage. The more you smoke, the higher your risk for stroke. In fact, strokes are the top cause of serious long-term

disability in the United States. The acronym FAST can help you remember the symptoms of a stroke. Here's what the acronym stands for:

- **Face:** Numbness or weakness as evidenced by a droopy or asymmetrical smile.
- **Arms:** Weakness or paralysis on one side of the body, which can be determined by trying to raise both arms at the same time. With a stroke, one arm may not function the way the other one does.
- **Speech:** Confusion or difficulty speaking, or understanding may show themselves.
- **Time:** If these symptoms appear, call a doctor immediately. Urgent, prompt attention can improve the outcome greatly.

Checking for peripheral artery disease

With peripheral artery disease (PAD), plaque builds up in the arteries of the outer (or peripheral) part of the body, most commonly the legs. PAD results in pain, cramping, weakness, and numbness in the extremities. If the blood flow is sufficiently restricted, it can also lead to a high risk of infection, which is difficult to treat. Those with severe PAD, can develop gangrene in the affected tissues, which can lead to amputation or even death. Smoking and diabetes are both risk factors for PAD.

Looking at lungs even if you don't want to

From the moment a smoker inhales for the first time, the lungs rebel. Most first-timers choke and cough as part of this rebellion. But the lungs adapt after a while and seem just fine again — until they're not so fine.

WARNING

In addition to lung problems directly caused by smoking, smoking exacerbates preexisting asthma, makes recovery from colds or flu slower, and can increase the risk of pneumonia.

WARNING

See your doctor for any cough that lasts for three weeks or more or immediately if you're coughing up blood.

Confronting coughs

Most smokers develop a smokers' cough. It's caused by toxins setting up shop in your lungs, which the body tries to eliminate by coughing. In the beginning, it's a dry, unproductive cough without phlegm. As time passes, it becomes more frequent, gets worse in the morning, and starts producing phlegm. Treatments designed for typical coughs are not particularly effective for smoker's cough. Eventually, smoker's cough often leads to more serious conditions.

Taking a turn for the worse

Many people fear lung cancer as the worst outcome of long-term smoking, and for good reason. However, chronic obstructive pulmonary disease (COPD) ranks pretty high on the list, too. In fact, the U.S. Centers for Disease Control and Prevention (CDC) ranks COPD the fourth leading cause of death in the United States. As COPD progresses, the lungs struggle to function properly. The lung tissues thicken, which makes it more difficult to inhale and exhale. More mucus is also produced as the disease progresses.

Again, our intention is not to scare you, but people with end-stage COPD have great difficult breathing and become cognitively impaired due to the lack of oxygen. Most experience substantial anxiety because of being unable to catch their breath, which can turn into feelings of drowning. Although there are medications for easing symptoms for a while, there is no cure for COPD. Smoking causes at least 75 percent of all cases of COPD.

COPD is often used as an umbrella term encompassing both chronic bronchitis and emphysema. *Chronic bronchitis* is bronchitis that persists for months, often recurring over years. Symptoms of chronic bronchitis include

- Shortness of breath
- Unusually low energy
- Cough
- Overproduction of mucus or phlegm
- Sometimes fever

The most severe symptom of *emphysema* is shortness of breath. That shortness of breath may appear when going for a long walk

at first. However, as the disease progresses, shortness of breath becomes much worse and can be evoked by almost doing nothing, even when sitting. Also, people with advanced emphysema suffer chronic fatigue, poor alertness, and blue or gray fingernails.

Confronting lung cancer

Eighty percent to 90 percent of all lung cancers appear to be caused by smoking. Most lung cancers are not diagnosed in the early stages, which is why about half of all patients die in the first year following diagnosis. The five-year survival rate is just under 20 percent. We should note that a few new, targeted medications and immunotherapy hold some promise for future improvements in these outcomes.

WARNING

Smoking light or menthol cigarettes does *not* reduce a smoker's risk of lung cancer compared to regular cigarettes. However, smoking unfiltered cigarettes doubles the risk of lung cancer for smokers. Filters do *not* make cigarettes safe in any way, shape, or form. But if you're going to smoke something, come hell or high water, at least consider avoiding unfiltered cigarettes.

TIP

Early detection greatly improves survival rates. If you're a smoker, consider going to `www.lung.org` for a free quiz that you can use to determine if you're eligible for a low-dose CT screening exam that could save your life.

Normally, the first sign of lung cancer is a cough that doesn't go away. Hoarseness, shortness of breath, chest pain, coughing up blood, weight loss, and frequent lung infections represent more concerning symptoms. Don't wait; if you think you're at high risk or you have some of these symptoms, see your healthcare professional right away.

WARNING

Heated tobacco products (HTPs; devices that vaporize tobacco by heating it without actually burning it) have not yet been linked to lung cancer. And tobacco companies claim that they're safer than cigarettes. We have two problems with this claim:

- There have not been any long-term studies of the safety of HTPs compared to cigarettes.
- You're inhaling the vapor of the entire tobacco product. Indeed, HTPs don't involve the range of carcinogenic materials and chemicals of burned tobacco, but they do contain some of the same toxins.

Scanning for other cancers

Smoking not only devastates the lungs and circulatory system but also is responsible for many otherwise preventable cancers. Cancer involves cells going wild dividing and invading healthy tissue. Cancer cells move stealthily through the blood and lymphatic system. Toxic chemicals from tobacco make emerging cancer cells more likely and stopping cancer cells more difficult. Warning signs of cancer include

- Unexplained weight loss
- Persistent cough or hoarseness
- Sores that take too long to heal
- Unexplained lumps that appear anywhere on the body
- Bleeding or discharge
- Fatigue

WARNING

If you have any of the troubling signs above, or significant changes in appetite, bowel or bladder routine, or unexplained pain, see your healthcare provider for a checkup.

The more cigarettes you smoke and the more years you smoke them, the greater your risk of cancer of most types. Sending toxic chemicals throughout your body has consequences including a higher risk of the following:

- Mouth and throat cancer
- Esophageal cancer
- Cancer of the larynx
- Cancer of the trachea
- Pancreatic cancer
- Stomach cancer
- Bladder cancer
- Kidney cancer
- Liver cancer
- Cervical cancer
- Colon and rectum cancer
- Leukemia

Eroding overall health

Ingesting poison into your body day after day, not only causes cancer, heart disease, and stroke, but a whole lot of other heartache. Smoking negatively impacts every part of your body. Smoking increases the risk for a variety of disorders, from loss of hearing to loss of bone mass. The following problems have been linked to smoking:

- **Hearing loss:** Smoking decreases oxygen levels, which negatively effects the blood vessels that keep the critical hair cells in the inner ear healthy.
- **Cataracts and macular degeneration:** Smoking tobacco substantially increases the risk of eye problems. Some studies have found that smokeless tobacco also increases risk.
- **Crohn's disease:** Crohn's disease is a type of inflammatory bowel disease that causes pain, diarrhea, weight loss, and malnutrition. Smoking is a risk factor, and it can lead to more disease.
- **Periodontal disease:** This disease involves chronic infections of the gums around the teeth. Tobacco use makes it worse.
- **Type 2 diabetes:** This chronic disease impacts health negatively across a variety of domains and is 30 percent to 40 percent more likely to occur for smokers as compared to nonsmokers.
- **Rheumatoid arthritis (RA):** RA is a chronic, autoimmune disease, and smoking has been shown to increase its risk and severity.
- **Osteoarthritis:** It's unknown exactly why, but smoking actually seems to confer some small benefit for reducing this disease of the cartilage that protects the ends of bones. Given all the other problems smoking causes, it hardly seems worth going for this mild benefit.
- **Osteoporosis:** This disease involves a deterioration of bone density. The more cigarettes you smoke, the more likely you'll have osteoporosis and break bones. And if you do break a bone, it'll heal more slowly.
- **Ulcers:** Evidence suggests that ingesting tobacco increases the risk of stomach ulcers and slows healing.

You could almost get the impression that the human body just isn't designed to handle cigarette smoke or tobacco products.

IN THIS CHAPTER

- Checking out vaping devices
- Finding out what's in e-liquids
- Comparing vaping to smoking
- Assessing the health risks of vaping

Chapter 3
Grasping the Basics of Vaping and Recognizing the Risks

Vaping has become a global phenomenon. Although vaping devices have been on the market since only about 2007, almost half of all US high school students have tried vaping at some point in their lives and about a third report vaping regularly. As of this writing, nearly 50 million adults worldwide (about 5 percent) reported vaping. These numbers explain the surge in interest about the health effects of vaping.

In this chapter, we give a brief overview of vaping devices. We also discuss the various liquids that are available for vaping. Both the devices and what goes into them are evolving rapidly. Then we explore the controversial debate about smoking versus vaping safety. Finally we review what's known so far about specific health risks of vaping. (See Chapter 2 for more details concerning the risks of consuming tobacco.)

Vaping Devices: Basic Components

If you go to a vape shop, you can see vaping devices of all shapes, colors, and sizes. The materials used to make the device include wood, glass, plastic, and all sorts of metals. Some e-cigarettes look a lot like combustible cigarettes, others look like pens or highlighters, and still others look like USB drives.

But there are similarities among vaping devices. Generally, vaping devices are composed of three basic elements: a battery, an atomizer, and e-liquid (or as it's also called, e-juice). See Figure 3-1 for an illustration of the main components of a basic vaping device.

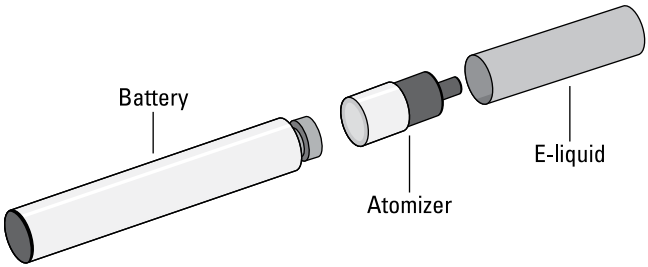

FIGURE 3-1: Components of a basic vaping device.

Batteries

Batteries for e-cigarettes come in three types:

- **Disposable:** Early devices such as the cig-a-likes have limited lifespans and are meant to be thrown away when the device is used up. They are not rechargeable.
- **Integrated batteries:** These batteries are built into the device and are not meant to be replaced or removed. They have a finite number of rechargers after which the device needs to be disposed.
- **Removable batteries:** These batteries can be recharged. When they no longer recharge, they can be replaced. Removable and rechargeable batteries are typically found in more advanced devices.

WARNING

As discussed in the "Getting burned" section later in this chapter, batteries can explode or catch on fire. Many people find the devices a bit intimidating at first, and they struggle to understand their potential dangers. Although explosions are relatively rare, they can be minimized, if not avoided, almost entirely by following a few basic procedures:

- Any damaged battery should be promptly disposed of. Damage can range from a torn, plastic sleeve surrounding the cells to indentations on the cell.
- All vaping device batteries should have a protective case while not in use.
- The battery should never come in contact with metals such as keys or coins.
- Batteries should be purchased from a reputable manufacturer.
- Batteries should be stored at temperatures between about 40 to 70 degrees Fahrenheit.
- Keep batteries away from flammable materials.
- Batteries should be removed from the device if not used for a long period of time.
- Never overcharge a device by leaving it in the charger overnight.
- If a battery gets hot or feels hot while recharging, it's time to dispose of it.
- If a battery develops an unusual smell, it should be disposed of.
- If a battery changes shape, it's time for a new one.
- Never use chargers intended for other devices, such as phones.

Atomizers

The atomizer has a metal coil and a wick (usually made out of cotton). The battery heats the coil. E-juice is absorbed by the wick and heated. The heated e-liquid turns into vapor. There are three major kinds of atomizers:

- **Disposable:** These atomizers are the simplest type because they require no refilling or replacement. When the e-liquid is depleted, users throw away the device.

- **Cartomizers:** Cartomizers have joined the atomizer with a holder for the e-liquid. When the e-liquid begins to taste burned, it's usually replaced, although some people clean and refill them.
- **Clearomizers:** A similar, but newer, design, clearomizers also contain the e-liquid and atomizer. E-liquid levels can be monitored because the material they're made of is — you guessed it — clear.

E-liquids or e-juices

Simply put, an *e-liquid* or *e-juice* is the solution in a vape device for the purpose of vaping. These liquids vary considerably depending on the concentrations of each substance mixed into the juice. See the "Knowing What You're Vaping" section for descriptions of the components of e-juice.

Knowing What You're Vaping

All vaping devices contain a liquid, which turns into aerosol (often referred to as *vapor*) when heated. Terms for this liquid include

- E-liquid
- E-juice
- E-fluid
- Vapor juice
- Smoke juice
- Vape oil

In this book, we use the terms *e-liquid* and/or *e-juice* for simplicity. It's important that consumers purchase their e-liquids from reputable sources because accuracy of ingredients listed on labels has been a problem. This problem should resolve in the near future; the US Food and Drug Administration (FDA) is in the process of implementing more regulatory authority for e-cigarettes and their contents.

WARNING

Many of the ingredients found in e-liquids are, by themselves, probably of low toxicity. However, when they're mixed together and heated, new chemicals can emerge. We simply don't know how toxic these brews are or become when stored over time. Considerable research will be needed to answer these questions.

Nicotine

When people quit smoking, they crave nicotine. They want a replacement for nicotine from smoking and in as similar a form as possible to their old smoking habits. Therefore, many e-liquids provide a jolt of nicotine.

REMEMBER

Nicotine gets a bad rap among much of the public. That's because it's so closely associated with the harm caused by smoking combustible cigarettes. However, as we've said more than once elsewhere, it's the inhalation of burning tobacco and its resulting tar that causes most of the problems from smoking. Nicotine is vastly less harmful, although it is *highly addictive.*

Most, but not all, e-liquids contain nicotine. Some contain only flavors. Nicotine concentrations vary widely among different e-liquid products. We've seen a range from 0 to 50 milligrams of nicotine per milliliter.

Nicotine salt (a form of natural nicotine) is sometimes combined with benzoic acid for vaping purposes. Nicotine salt absorbs more quickly into the bloodstream than so-called freebase nicotine found in most e-juice. It has a smoother hit, allowing users to increase the nicotine concentration they're consuming.

Flavoring

One of the most seductive parts of vaping rituals is the variety of available flavors. Manufacturers are competing with regular tobacco companies and realize they can enhance the desirability of their product by infusing it with a variety of tantalizing flavors.

Some flavors are derived from food extracts. Others are labeled simply as "natural and artificial flavorings." *Natural* refers to flavors derived from plants or animals. *Artificial* can refer to almost anything, and manufacturers rarely disclose specifics. There's no way to know exactly what's in those flavorings.

WARNING

Flavoring ingredients as well as many of the flavorings described in the following sections have been tested and approved for *ingestion* but *not* inhalation, which could present a quite different risk profile.

WARNING

Currently, there are literally thousands of vape flavors available — everything from banana nut bread to bacon to menthol. At the end of the day, we're pretty sure a person could find just about any flavor in the world and some that don't even exist. However, because of unknown risks of flavors and their highly varied ingredients, vapers would be on safer ground if they avoided them altogether.

Answering the Million-Dollar Question: Is Vaping Safer than Smoking?

Yes, probably — but with numerous caveats. In a head-to-head contest, smoking appears more dangerous than vaping. Think of smoking like playing professional football without a helmet or protective gear. Chances are, you're going to get hurt. Badly. You may even die. Half of all chronic smokers will eventually die from illness directly linked to smoking.

However, if you suit up in appropriate protective clothing and a helmet, you'll have a much better chance of surviving that football game. Nonetheless, you'll still be running substantial risks of getting hurt, especially over time. Consider all the serious brain injuries increasingly reported among former professional football players, even though they used helmets. For that matter, even in the short run, it's a rare NFL game that you don't see at least one player carried off on a stretcher. So, let's say that vaping is more like playing football for years with protective gear: safer but far from safe.

Yet, many in the public don't realize that vaping is probably safer than smoking. Surveys have found that increasingly, the public views e-cigarettes as equally, if not more, dangerous than regular, tobacco cigarettes. That may be because of frequent news articles about the dangers of vaping. Relatively few news articles appear that detail the dangers of cigarette smoking. That's because those

dangers have been well known for decades and the topic is neither newsworthy nor controversial.

Scientists know that cigarette smoking kills, and the risks are well established. A lot of the damage from regular smoking is caused by the combustion of tobacco, which produces toxins that damage the cell linings of the lungs. That damage makes the cells more vulnerable to the effects of cancer-causing chemicals (some caused by the combustion itself) found in regular cigarettes.

Vaping appears safer, but many of the risks associated with vaping are not yet fully known. Long-term studies are lacking because vaping is a relatively new phenomenon. Nevertheless, scientists have reached a reasonable consensus that vaping is safer than regular cigarettes.

Although vaping potentially exposes vapers to an array of toxic chemicals, there are fewer chemicals, and the levels of those chemicals are much less toxic than those found in regular, combustible cigarettes.

Examining the Dangers of Vaping

If you vape, you should be aware of what's currently known about the risks. Again, our advice is to refrain from another, potentially addictive habit — a habit that will cost you time, money, and possibly your health. The sections that follow lay out the major, known risks of vaping. Time will no doubt reveal more.

Becoming addicted

Every morning we drink coffee. And we enjoy coffee. Any morning that our coffee routine is interrupted, we crave coffee. We both consider ourselves "mildly addicted" to caffeine. Not a big deal unless coffee is not available. And we have both had periods of time without caffeine. However, not all addictive drugs are as cheap and readily available and have as relatively high health/safety profile as caffeine. In addition, caffeine's downside risks are minimal.

Nicotine has many similar effects on the body as caffeine. So, why is it such a serious issue to be addicted to nicotine? Part of the concern has to do with the way nicotine is consumed. With

cigarettes and vaping, people become *enslaved* by the routine of having to take numerous puffs all day long.

Most people generally drink coffee one, two, or at most, three times per day. That's partly because caffeine has a much longer half-life than nicotine, meaning that nicotine remains in the body a much shorter time than caffeine does. Thus, to maintain the good feeling, you must replenish nicotine much more frequently.

Then, of course, there's also the hassle factor of nicotine addiction. You don't see too many "no-coffee" zones out there, and no one else unwillingly consumes your coffee when you drink it. With smoking and vaping, severe limits are placed on where you can consume, and everyone around you inhales some of your nicotine, whether they want to or not.

One of the highest risks associated with vaping nicotine is that you'll become addicted to the substance. Nicotine is one of the most addictive drugs out there (more so than caffeine). A major characteristic of becoming addicted is that you continue to seek out your drug of choice despite negative consequences.

Negative consequences of a nicotine addiction may include significant risks to health. Do you really want your life and the lives around you controlled so much by a drug?

Chemical concerns

If you visit a local vape shop and ask what chemicals are in the e-liquid, they're likely to tell you it comes down to just vegetable glycerin, propylene glycol, and whatever substance you're wanting added such as nicotine, CBD, or THC. They may inform you that various flavors are in the liquid, too. They'll likely assure you that the flavors are all safe and that many are FDA approved. (See the "E-liquids or e-juices" section earlier in this chapter for more information about these elements.)

What they *won't* tell you is that these substances are mainly approved for human *ingestion,* not *inhalation.* For example, consider pepperoni pizza. It tastes great, and it's relatively safe. But what would happen if you liquified the pizza, heated it, and inhaled the vapor? We don't know the answer to that question, but just intuitively, it seems like it wouldn't be good for your lungs.

In other words, most chemicals used in vaping have never been subjected to scrutiny for safety when inhaled. Because literally thousands of chemicals are used for flavoring in e-liquids, that leaves you quite uncertain as to the safety and nature of e-liquids used for vaping.

Furthermore, the chemicals that are put into e-liquids can break down and change when heated and vaporized. Just a few of the chemicals and toxicants your body may encounter when vaping include

- Acetaldehyde
- Acrolein
- Acrylamide
- Benzene
- Diacetyl
- Formaldehyde
- Furfural
- Nitrosamine
- Phthalates
- Various volatile organic compounds

Some of these chemicals are known carcinogens. Sometimes there are chemicals that are not listed on the labels of the e-liquids. Furthermore, toxic substances emitted from e-cigarettes vary with the device used and the contents of the specific e-liquid. At the same time, to be fair, you should know that your exposure to toxins from e-cigarettes is substantially lower than what you inhale from regular cigarettes.

Mining metals

Your local vape shop manager probably won't mention this, but there are studies indicating that e-cigarette aerosol contains metals. Metals are highly toxic and can affect multiple organs. However, this issue is still waiting for answers from good studies to address specific long-term health effects (or lack thereof) from vaping.

The levels of metals vary with the type of device in question. Most studies to date have focused on cig-a-like products and vape pens.

It's believed that heated coils and other components of the vaping device are the primary source of these metals, which are thought to leak into the aerosol. A few of the metals that have been found include

- Aluminum
- Chromium
- Iron
- Lead
- Manganese
- Nickel
- Tin

The exact levels and concentrations vary among devices and, thus, long-term health effects are more difficult to definitively ascertain or predict. Cadmium is also found in e-cigarettes; however, at much lower levels than it's found in combustible cigarettes. Cadmium has high toxicity and causes lung and kidney disease.

Getting to the heart of the matter

Like combustible cigarettes, e-cigarettes carry nicotine into the lungs and circulate through the cardiovascular system. The nicotine is carried by microscopic particles in the aerosol. These ultra-fine pollutants have been linked to high blood pressure, coronary artery disease, and heart attacks.

In a large survey of close to 100,000 participants, researchers found that e-cigarette users had significantly higher risks of heart attack and coronary artery disease than non-smokers or non-vapers. The risk suggested a 34 percent increased chance of having a heart attack for e-cigarette users.

This type of study demonstrates a possible association, but it can't truly establish a causal relationship between vaping and heart disease. Furthermore, the authors acknowledged that regular smoking confers a much higher risk of cardiovascular disease than vaping.

Irritating lungs

E-cigarettes have been associated with increased risk of asthma, chronic bronchitis, and pulmonary inflammation. In addition, people who vape have decreased immunity and increased mucus secretion. There is concern that e-cigarette users may be predisposed to respiratory infections.

WARNING

Healthy adults and teenagers have been taken to emergency rooms with shortness of breath, chest pain, and fatigue. Some of them have ended up in intensive care with severe lung damage, and some have died. They all reported vaping prior to their illnesses. People have been vaping in large numbers for over a decade, and these cases have only recently emerged, so it seems likely that new contaminants have gotten into the supply chain.

Nonetheless, as of this writing, it appears that the only apparent common denominator for these lung damage cases is vaping. Those stricken reported using various devices with different e-liquids. A possible culprit is contamination from using devices with bad e-liquid mixes and/or problematic flavorings of unknown toxicity. Careful reporting and study will be needed to track down the true source(s) of the problem. The bottom line is that the vaping industry is in dire need of robust study and regulation.

Getting burned

Are you someone whose money burns a hole in your pocket? We hope not. But we also hope that you're not someone whose vaping device burns a hole in your pocket or blows up in your face, hands, or groin. People have shown up at emergency rooms after vaping devices have blown up, with broken facial bones, severe burns, and extensive lacerations.

Vaping devices exploding and burning is not a frequent occurrence, but it happens. In fact, there were more than 2,000 emergency room visits due to vaping devices catching fire or exploding from 2015 to 2017. It's believed that this statistic is an underestimate and that better surveillance procedures should be implemented to track this problem more accurately. You can see the whole exploding vaping device thing on YouTube. Just search for vaping explosions. Not a pretty sight.

Most vaping explosions happen due to problems with the lithium ion batteries and mechanical mod systems lacking regulators. See

the "Batteries" section earlier in this chapter for more information on devices, batteries, why these explosions happen, and what to do to prevent them.

WARNING

In the event that you do experience a vaping fire or explosion, you should seek immediate medical attention if the burn is more than 3 inches in diameter. Do so also if the burn affects your face, genitals, hands, feet, elbows, or knees and the skin is blackened or severely blistered.

WARNING

If your clothes catch fire when your vaping device explodes, stop, drop, and roll. And cover your face.

For minor burns, keep the area clean and cover it with a cool compress. Always watch for increasing symptoms of infection, such as redness, swelling, discharge, or fever, and seek medical attention if they occur.

Pregnancy and vaping

If you're planning on having a baby soon, our strong advice is to stay away from all nicotine products and vaping of any type. We discuss the hazards of smoking associated with pregnancy, as well as the effects on fertility, in Chapter 2. Although vaping may have a somewhat safer profile than smoking regular cigarettes, that does not make it safe — especially when you're pregnant.

Preliminary research on animals links the possibility of e-cigarette use as a cause of birth defects, especially to craniofacial development. It appears that flavors, especially complex mixtures of flavors, have the largest effect on this anomaly.

Early research suggests that fetuses exposed to nicotine and/or e-cigarette flavors, have a greater risk of brain or lung damage. Like other risk factors, much needs to be determined through further research.

Seeing seizures

A seizure occurs when there is a sudden surge of electrical activity in the brain, which can cause disturbances in movement, behavior, and consciousness. Signs of a seizure may include staring, confusion, or uncontrolled, jerking movements, as well as memory lapses. Most seizures last from a few seconds to minutes.

Some reports indicate the possibility of seizures having occurred after vaping with e-cigarettes. The FDA has had reports of seizures from people who just started to vape and regular users of vaping devices. It has been postulated that high doses of nicotine could be responsible for these seizures. And seizures are, indeed, one of the known side effects of nicotine poisoning. This effect would, thus, be in response to having overdosed on vaping if, indeed, vaping was the cause of the seizures. However, a causal link has not yet been established.

Nicotine poisoning

Nicotine poisoning is relatively uncommon because most smokers and vapers self-regulate their consumption based in part on how they're feeling. However, emergency rooms and poison control centers have seen an uptick in nicotine poisoning over the past few years with the advent of vaping devices.

E-liquids can contain enough nicotine to kill a small child or pet. Many vapers refill their own devices and maintain a supply of premixed e-liquid formulations or the pure chemicals (including nicotine) that go into mixing the refills. Since 2016, nicotine bottles have been required to come in childproof containers.

WARNING

You can get nicotine poisoning simply by spilling or touching it while refilling your vaping devices. Always wear protective gloves when handling. It should also go without saying that nicotine products should be kept well out of the reach of children and pets.

Secondhand vapor

What about exposing other people to your vapor? Or what are the risks of being in a room with someone else who's vaping? The good news is that secondhand vapor is far less toxic than smoke from combustible cigarettes. The bad news is that vaping appears to make the air inside a room lower quality, with small amounts of nicotine and other particles. The health implications of this indoor pollution are unknown.

Encountering the Wild West

E-cigarettes first became commercially available in the United States in 2006. That's a short time span, and the FDA has been slow to catch up in terms of oversight and regulations. In other

words, the industry has been largely on its own until quite recently. That means you don't have great assurances that products contain what they say and in the amounts that are stated. Furthermore, consumers can't assume that devices have been made with safe, reliable materials and designs.

New regulatory guidelines are set to come out soon and should provide consumers with more confidence in what they're purchasing. These directives should help reduce illegal, online sales of fake products as well. You can't fully assess a product's safety without knowing exactly what it contains or how it's manufactured.

Evaluating Vaping as a Gateway to Regular Smoking

Numerous critics of e-cigarettes have cited the possibility that vaping may lead many of its adoptees to move on to combustible cigarette smoking. The data say otherwise. For most mature adults, vaping does not lead to the use of regular cigarettes. In fact, many adults are using vaping as a way to decrease or quit smoking entirely.

There are about 2 million adults who have never smoked but use e-cigarettes. Most of those are young males in their late teens to early 20s. It appears to be rare for them to graduate to regular cigarette smoking.

IN THIS CHAPTER

- Understanding the role of quit-busting beliefs
- Challenging your quit-busting beliefs

Chapter 4
Overcoming Obstacles to Quitting

Whether you're wanting to give up cigarettes or vaping, the strategies for quitting are pretty much the same. That's because they all involve stopping an addiction. Giving up any addiction is difficult. But the data tells us it's doable, and millions of people succeed around the world. Many manage to quit without as much distress as they feared.

On the other hand, lots of people have a significantly hard time quitting. And, alas, sometimes they struggle before they even *consider* trying to quit. Part of that struggle involves erroneous beliefs that interfere with the best of intentions.

The battle over quitting takes place primarily in your own head. Assumptions about yourself and smoking are what we call *quit-busting beliefs* (QBBs). These assumptions slam the breaks on attempts to quit.

This chapter explains the nature of QBBs. From lack of confidence to fears of failure to thinking this is the wrong time in your life to quit, QBBs stand ready to sabotage your best efforts before you begin. This chapter lays out the most common QBBs and gives you the tools you need for challenging these surprisingly formidable obstacles to quitting.

Defining Quit-Busting Beliefs

QBBs are convictions that stand as roadblocks to implementing change, like quitting smoking or vaping. These beliefs pop up again and again in various situations. They powerfully influence your decision making, actions, and feelings.

REMEMBER

A QBB is an assumption that you believe without really thinking about it. For example, most people think that it's a given that the sun rises in the east and sets in the west. You don't really question that assumption. And there's no reason to most of the time. Your assumptions give you a generally reasonable guide to navigating life. However, if you were a resident of Venus, that belief wouldn't work out very well. On Venus, the sun actually rises in the west and sets in the east.

An inaccurate assumption about the direction of the sunrise and sunset is probably not going to interfere with quitting smoking or vaping or just about anything else in your life. However, some assumptions do become obstacles to quitting. For example, a common QBB that inaccurately guides you away from quitting is "I'm too weak." If you have that QBB about yourself and smoking, it's going to be hard to find the motivation for quitting because you believe that you aren't strong enough to do it.

REMEMBER

A QBB is more than a problematic thought. It's deeper and more ingrained than a thought, and it often operates unconsciously — as opposed to thoughts, which you're usually more aware of. (See Chapter 6 for more information about how distorted thoughts also influence smoking cessation attempts.)

Looking at the Main Quit-Busting Beliefs

There's no absolute, definitive list of QBBs that stand in the way of most smokers' attempts to quit. But here are some of the most common ones:

- I'm too weak.
- I'm afraid to fail.
- I'm afraid of losing too much enjoyment.

- It's the wrong time.
- It shouldn't be so hard.

TIP

QBBs can be identical or similar to problematic assumptions that invade other important parts of your life. For example, if your QBB centers around fearing failure, that QBB could easily prevent you from trying to quit smoking. But it could also keep you from taking on new challenges, learning new skills, or solving challenging problems in other areas of your life.

In the following sections, we focus on techniques for changing these QBBs or assumptions so you can prevent them from sabotaging your attempts to quit addictions like smoking.

I'm too weak

One powerful saboteur to quitting is the QBB that you're too weak to face the challenge. Lacking confidence in yourself, you may not even be ready to start a quit plan.

The QBB that you're too weak takes many forms, such as the following:

- **I'm just not tough enough to do something like quit smoking.** If this belief feels like something you could hear in your head, it's easy to see why you wouldn't bother to take on something as difficult as quitting smoking.
- **I don't have any willpower.** With this belief, you tend to think that something requiring commitment and doggedness lies beyond your capacity.
- **I've tried before and failed.** This thought assumes that one failure means more will surely follow.
- **I can't stand feeling bad.** This belief assumes that you need to avoid anything that feels bad.

These variants of "I'm too weak" all involve feelings of powerlessness. Addictions often lead to that perception.

Most of the time, QBBs represent gross overgeneralizations that fail to hold up to the real evidence. Your mind will likely resist coming up with ideas and evidence that contradict your assumptions, but you can do this if you try. Really. You're not too weak. You just *believe* you are!

TIP

You can create new assumptions after looking at your assumptions and determining if they're worth holding onto. These new assumptions should be reasonable, logical, and balanced — evidence should support them.

I'm afraid to fail

Another major disrupter of your good intentions to quit smoking is the QBB that you're afraid to fail. This overarching QBB has an array of variants that subtly differ from one another. You may discover one or more of these related beliefs lurking in your head when you look for them. Here are a few to consider:

- **I'll disappoint my family if I fail.** Do you ever notice this thought clanging around in your mind? If so, you may prefer to sit on the sidelines rather than risk disappointing those who care the most about you.
- **I don't want to look like a fool.** This belief puts a high importance on avoiding ridicule, criticism, and derision from others — so much so that it can cost you in ways you don't consider.
- **It's better not to try than to try and fail.** Can you see how this belief keeps you sitting on the bench and out of the game?

All these variations of fearing failure keep people from putting out maximum effort on quitting smoking or vaping.

I'm afraid of losing too much enjoyment

The QBB that you're afraid of losing too much enjoyment is quite common for people facing giving up any addiction. They mistakenly believe that their lives would suffer massive losses if they gave up their substance of choice (whether nicotine, drugs, or alcohol). In other words, they see their substance as the source of amazing amounts of pleasure, happiness, identity, and even abilities.

In addition, with nicotine, there often is a real (although small) increase in focus. Plus, smokers burn more calories and experience a mild uptick in pleasurable feelings in the short run. So, it's understandable that folks addicted to nicotine have trouble seeing

a positive future if they quit. Here's a list of common QBBs that belong under the theme of losing too much enjoyment:

- **I'll never be happy again.** People with this belief assume that life without cigarettes will never be the same. They think they'll never enjoy coffee, work breaks, or even sex again.
- **Who would I be without smoking?** Smoking often becomes part of a person's identity. Smokers often believe that giving up smoking will somehow diminish them.
- **I would totally lose my sense of humor if I stopped smoking — I would be a crabby mess.** This belief is somewhat true in the short term due to withdrawal effects. However, symptoms go away after a few weeks or months.
- **Smoking keeps me thin; I don't want to lose that advantage.** Many people continue to smoke to control their weight. With support to manage withdrawal symptoms and a good diet and exercise program, weight gains are often minimal.

For people who view the possibility of quitting as taking something valuable away from their lives, it's critical to reassess that belief.

It's the wrong time

We often hear smokers say, "Yes, I want to quit. But now isn't such a great time to do it. I'll wait until. . .." The problem with that QBB is that the right time just never seems to arrive. There's *always* some stress, difficulty, or problem that stands in the way. Here are some common rationalizations for concluding it's just the wrong time:

- **I have too much going on at work.** This QBB could refer to school, home projects, or just about anything. The addicted mind can be very creative.
- **My relationships need more work first.** Another misguided QBB because relationships are never perfect — they always need work. Smoking really has nothing to do with it!
- **I'll do it when. . . .** This could be after the new job, after the promotion, after getting a raise, after moving, after, after, always after.

If you wait for the perfect time, you'll probably never reach any goal you have. You can see where this thinking takes you. Procrastination simply postpones the task.

It shouldn't be so hard

Let's face it: Quitting an addiction is hard to do. Many people rail at the idea of having to suffer. To avoid the short-term discomfort of quitting, they engage in a habit that will lead to a shortened life and considerable health consequences.

REMEMBER

When you look at the overwhelming evidence of the dangers of tobacco, you must marvel at the power of addiction — addiction so powerful that it keeps people smoking despite the inevitable harm that lurks for them in the future.

It's no wonder that lots of smokers don't quit because their QBBs tell them it's simply too hard to do. Here is a sampling of common QBBs related to the theme of quitting being too hard:

- **It's unfair that I should have to quit something I like.** If you feel it's unfair that you should have to quit smoking, then it's unlikely that you'll feel the motivation necessary for such a tough job.
- **Why should I have an addiction? I didn't do anything horrible, why me?** This belief makes people feel like helpless victims. Victimhood makes people feel weak and unable to move forward.
- **I'll quit when I feel motivated.** This QBB is a road map to failure. People rarely want to stop something they enjoy. It could be a very long wait for motivation to come around.

These QBBs related to the theme of quitting being too hard interfere with designing and engaging with a plan to quit. In order to quit, you must be able to tolerate frustration. That's hard to do if you're mired in this QBB. But the bonus is that learning to tolerate frustration can help you in many other areas of your life as well.

IN THIS CHAPTER

- Reducing your cravings for nicotine
- Discussing prescription options with your doctor
- Chatting about quitting
- Receiving marvelous messages of support

Chapter 5
Using Over-the-Counter Products, Medication, and Technology to Quit

There are many different roads to quitting smoking or vaping. Some people try to do it cold turkey aided only by their own stubbornness and willpower. Unfortunately, most quitters take this route. Without support from educational materials, brief counseling, or medication, only about 5 percent of those flying solo will remain smoke free in six months. The vast majority of cold-turkey, on-their-own quitters will relapse within a week.

Many resources are available to help people quit smoking. Later in this chapter, we feature some of the various technological strategies that can support efforts at quitting.

In addition, we recommend that most people who are trying to quit consider talking to their healthcare providers about one of the options for replacing nicotine and managing cravings. That's because research states that using prescription medications significantly increases the odds of successfully quitting smoking.

But taking medication is not for everyone. In this chapter, we also describe the pharmacological options for quitting smoking now available. And if you would like some support in real time from a human (or a close simulation of a human), we have an app for that! Or anonymous help on the phone. This chapter reviews some of the best.

Replacing Nicotine

Nicotine makes most people feel good. It lights up the pleasure center in the brain and simultaneously relaxes and increases alertness. It's no wonder that nicotine is one of the most addicting of all drugs. But people who smoke or vape don't seem to get the same kind of euphoric high that other drugs like cocaine or heroin produce. So, why is nicotine so addictive?

The answer comes from the brain, which quickly learns to depend on nicotine. The fact that most users of nicotine use it repeatedly throughout the day increases this dependence. It has also been found that nicotine increases the pleasure of other activities, such as listening to music or watching videos. So smokers or vapors who fear that life won't be as pleasurable without their crutch are sadly correct, but only to a point. That makes motivation even more difficult to maintain for those who want to quit. Replacing nicotine may help.

But if you don't replace the nicotine that your body craves, you'll probably experience nicotine withdrawal. That can be an unpleasant experience for many. Nicotine withdrawal symptoms often include the following:

- Anxiety
- Digestive distress
- Headaches
- Intense cravings
- Irritability and frustration
- Mood swings
- Restlessness
- Sore throat and increased coughing

- Sweating
- Tingling in the hands and feet

The good news is that you don't have to experience most of these symptoms if you turn to nicotine replacement therapy (NRT). Experts agree that NRT is one of the simplest and most successful aids to quitting smoking. In fact, NRT increases the rate of quitting by at least 50 percent. NRT helps people manage the withdrawal symptoms so they can concentrate on the emotional aspects of quitting. Those who are particularly dependent on nicotine (heavy smokers) are most likely to receive benefits from NRT.

TIP

NRT has been around for decades. For most healthy adults, it's safe to use. People with chronic diseases (such as heart disease), women who are pregnant or considering getting pregnant, and teens should talk to a healthcare provider before starting NRT. Keep in mind that, in almost all cases, NRT is far safer than continuing to use tobacco because nicotine doesn't contain most of the harmful chemicals found in tobacco.

TIP

Replacing nicotine from cigarettes with safer medications will probably help with physical withdrawal symptoms. However, it does not help with deeper psychological dependence. For more help with cravings, see Chapters 9 and 10.

Using nicotine replacement therapy

The day you toss your tobacco or vaping devices is the day you can start NRT. If you're still consuming tobacco or nicotine, it's often recommended that you not use any NRT product. However, some people do use NRT to help them cut down. If that's your plan, talk to your doctor. It's possible to overdose on nicotine, but under a doctor's direction, it's quite unlikely.

TIP

Over-the-counter NRT is usually not covered by insurance. Typically, insurance will cover NRT when it's prescribed by a doctor. However, many states offer free or sharply reduced prices through their state-funded quit lines. To contact your state quit line, call 800-QUIT-NOW (800-784-8669). The National Network of Tobacco Cessation Quit lines will direct your call.

Surveying the drugstore shelves

The quickest and easiest way to find NRT is to drop by your local drugstore. Most of them have a good supply available for you to

peruse. These don't require a doctor's prescription. All you need to do is walk in, look around, and buy the one you want! Nonetheless, your pharmacist will gladly discuss any concerns you may have. And if you have any health concerns, it's always best to check with your doctor. There are three major types of over-the-counter options: patches, gum, and lozenges.

TIP

The great news is that NRTs all work much better than trying to quit without extra help. Which one you decide to try is a personal choice. We explain how they work, any special considerations, and side effects in the following sections.

WARNING

Keep all nicotine products such as lozenges and gum away from children and pets. Because of their lower bodyweight, overdoses can occur much more easily.

Nicotine patches

Nicotine patches have been well researched and found effective as an aid to quitting smoking. In a nutshell, they work! Patches work by continuously delivering a small amount of nicotine through the skin and into the bloodstream. You put a patch below the neck and above the waist (usually on the chest or upper arm) on a clean, dry, and *hopefully* hairless area!

TIP

Don't put the patch in the same area of the body every day. Move it around to minimize irritation.

Patches deliver nicotine over two different durations — 16 hours and 24 hours. The 16-hour patch usually has fewer side effects than the 24-hour version. However, some people find that they need the full-day, steady dose.

Nicotine patches also come in different strengths. If you're a heavy smoker, you're likely to want the higher-dosage regimen, generally starting with about 20 milligrams of nicotine per patch. Those who smoke somewhat less are likely to find that the weaker starting strength of about 15 milligrams suffices. Typically, patches are used at the starting dose for four to six weeks; then a lower dose is used for two weeks, followed by a final two weeks at an even lower strength. Patches are approved for use for a total of five months; however, some people use them longer.

Side effects of nicotine patches include

- Redness and itching at the application site
- Strange dreams or problems sleeping
- Racing heartbeat
- Dizziness
- Headache
- Nausea
- Muscle discomfort

These side effects can occur because the dosage is excessive for one's needs. Often, decreasing the dosage can help. Twenty-four-hour patches sometimes also cause sleep problems. Try switching to 16-hour patches if that happens. For skin irritation, trying another brand may alleviate the problem.

WARNING

If side effects, such as a racing heart, are disturbing, talk to your doctor about whether to lower the dose, change to another type of NRT, or stop it altogether.

TIP

It's easier to give up the patch than smoking cigarettes because you only put the patch on once per day rather than taking puffs off cigarettes hundreds of times per day.

Nicotine gum

Nicotine gum is used for a fast-acting nicotine replacement. It's absorbed through the mucous membrane of the mouth and acts faster than patches on the skin. Many smokers trying to quit use it for especially urgent cravings.

Avoid eating or drinking for at least 15 minutes before and during use of nicotine gum. Chew the gum slowly until you feel a slight tingling sensation, similar to what pepper induces. Then keep the gum between your cheek and gums until the flavor and tingling fade. Then chew again until the sensation returns. Continue this pattern for about 20 or 30 minutes.

WARNING

Don't chew the gum continuously. Be sure to stop chewing when you first detect tingling or a burst of flavor. That way, the nicotine will be slowly absorbed into your mouth's mucous membrane. If chewed continuously, the nicotine will be delivered from your saliva directly into your stomach, resulting in an upset stomach.

Nicotine gum comes in two strengths — 2 milligrams and 4 milligrams. For those who are heavily dependent on nicotine, the stronger dose is usually recommended to start. The dose for the first six weeks is usually one piece every one to two hours, whether you're starting with the 2-milligram or 4-milligram regimen. The maximum recommended dose is never more than 24 pieces of nicotine gum a day. After six weeks, the frequency and strength are usually decreased gradually. A typical goal is to stop the use of gum after three months. Consider sugar-free, non-nicotine gum after that.

Nicotine gum sometimes produces a few side effects, including the following:

- Bad taste
- Mouth sores or throat irritation
- Nausea
- Jaw discomfort
- Racing heartbeat

WARNING

If you have a racing or irregular heartbeat, stop using the product until you talk to your doctor.

Nicotine lozenges

A nicotine lozenge is like a hard candy that releases nicotine as it dissolves in the mouth. Lozenges should be sucked, not chewed or swallowed. It takes about 20 to 30 minutes for them to fully dissolve. While sucking them, it's best to move them around in your mouth and between your cheeks and gums. As with gum, do not eat or drink 15 minutes before or while using them.

Lozenges typically come in two strengths — 2 milligrams and 4 milligrams. Like nicotine gum, those with a heavier smoking history usually start with the higher dose. The maximum dose per day is 20 lozenges. The recommended schedule for the first six weeks is usually one every one to two hours. After six weeks, the dose is usually reduced, and the frequency is gradually tapered. You should not suck on more than one lozenge at a time, nor should you use them one right after another. Discontinue lozenges by around 12 weeks.

Possible side effects of nicotine lozenges include the following:

- Digestive distress
- Sore throat and coughing
- Headaches
- Insomnia
- Racing heart rate

WARNING

If you experience an irregular or racing heartbeat or other disturbing side effects, check with your doctor.

Checking for nicotine replacement therapies behind the counter

Nicotine nasal sprays and inhalers need a doctor's prescription. Drugs are prescribed because they're considered potentially harmful and their use needs to be supervised by a healthcare provider. In order to take a prescribed drug, you need to have a consultation with a healthcare provider, so if you're interested in one of these products, make an appointment with your doctor.

Nicotine nasal spray

Nicotine nasal sprays are like other nasal sprays in terms of how they're used. This type of NRT works faster than any other NRT.

WARNING

An important caveat is that because nicotine nasal spray works so well and so quickly, it may be more addictive than other NRTs.

This product should be used as directed by your healthcare provider. Generally, a dose consists of two sprays, one in each nostril. The maximum dose per day is 40 doses of two sprays each. Nasal sprays should not be used for more than six months.

Side effects of nicotine nasal spray include those caused by other NRTs such as racing heart, headache, and stomach upset. In addition, they have the potential to cause

- Irritation in the nose
- Sneezing
- Throat irritation

- Coughing
- Watery eyes

Some or all of these side effects may dissipate over a couple of weeks. However, you should contact your healthcare provider for any particularly disturbing side effects, such as racing heart rate, or if other side effects do not fade.

Nicotine inhalers

Nicotine inhalers are the NRTs that are most like smoking a cigarette. Just like a cigarette, you inhale, and then nicotine is absorbed in the mouth and throat. Unlike a cigarette, there is no burning, and the nicotine does not go into the lungs. Former smokers like nicotine inhalers because they closely mimic the experience of smoking. Nicotine inhalers are also the most expensive of all the NRTs. However, insurance may cover some of the cost.

The nicotine inhaler is available in a kit that contains a thin tube and cartridges containing nicotine. You put the cartridge into the tube and inhale like a cigarette. Each cartridge supplies about 4 milligrams of nicotine, but only 2 milligrams are absorbed. That comes to about the amount delivered by a typical cigarette. Cartridges last for about 20 minutes of inhaling. The maximum dose is 16 per day, but people generally use less than 10. You should stop after 12 weeks of use.

REMEMBER

Stop smoking before you start using inhalers. Don't drink coffee, juices, or soda 15 minutes before and 15 minutes after using an inhaler. During the first week, you should use at least six cartridges per day. You may taper off over the course of treatment.

Side effects of nicotine inhalers include

- Mouth and throat irritation
- Coughing and runny nose
- Upset stomach

As with other NRTs, excessive nicotine can cause headaches, rapid heart rate, or digestive distress. Talk to your doctor if you experience these symptoms and they fail to resolve.

Combining nicotine replacement therapies

We know at this point, that NRTs help people quit smoking. What about combining more than one NRT? For example, some people like the patch, but still experience sharp cravings from time to time during the day. Those people often turn to nicotine gum or lozenges to deal with those cravings.

Considerable research supports what these people intuitively figured out. Specifically, studies show that using the patch with "emergency" NRTs such as gum, lozenges, nasal sprays, or inhalers increases the odds for successful smoking cessation by up to a third.

WARNING

If you choose to combine more than one type of NRT, be aware of the symptoms of excessive nicotine (such as headache, dizziness, rapid heart rate, or stomach upset). Decrease the amount of NRTs you're taking and consult your healthcare provider.

REMEMBER

Few people find NRTs as fully satisfying or addictive as consuming tobacco. The more important point is that NRTs do not contain the *thousands* of chemicals found in tobacco and especially burned tobacco. They should be viewed as a temporary bridge to transition you from tobacco to nicotine to a full-blown ex-smoker. The timeline is up to you.

Prescribing Medications for Coping with Quitting

Way too many people still believe that addiction is a sign of weakness or some type of character flaw. Because of that belief, way too many people don't get the help and support that they need. They feel ashamed and weak, too embarrassed to admit they would like to quit, but can't. They think they should go it alone and, thus, avoid talking about it.

Yet, many tobacco users can find relief by talking to their healthcare providers honestly about their desire to quit. There are medications that can help some people give up tobacco and nicotine that comes in any form. Asking about the medication option doesn't label you as an addict.

When you talk to your healthcare provider about your desire to quit, be sure to discuss any medical conditions and allergies you have and any over-the-counter medications or supplements that you take. Also, be sure to tell your doctor if you're pregnant or planning to become pregnant. It's also imperative to come clean about any drug or alcohol use.

Turning to on-label prescriptions

There are currently two medications approved by the U.S. Food and Drug Administration (FDA) for helping people quit smoking. These medications work for some but not all people with nicotine addictions. Talk to your healthcare provider about whether you may benefit from one or the other.

Varenicline (Chantix)

Varenicline helps people stop smoking by decreasing the pleasure a smoker gets from smoking (some report that it makes cigarettes taste bad) and reducing withdrawal symptoms. It does this by interfering with the brain's nicotine receptors. Some studies have suggested that varenicline is at least as effective as NRTs and may for some people be more effective than bupropion (see the next section).

You usually start taking varenicline about one to four weeks prior to quitting. Typically, the starting dosage is 0.5 milligram per day for the first four days. Then you take 0.5 milligram twice a day. Finally, it's increased to 1 milligram twice a day. Varenicline is most commonly given for about 12 weeks, and many people choose to continue taking it for 12 more weeks to help reduce the risk of relapse.

Side effects of varenicline can be significant for some people, and it should be reported to the prescribing healthcare provider. Side effects may include

- Nausea, vomiting, and/or constipation
- Disturbed sleep, unusually vivid dreams
- Increases potency of alcohol
- Headaches
- Depressed mood
- Agitation
- Suicidal thoughts and behaviors

WARNING

If you or someone you care about is taking varenicline and begins to feel depressed, agitated, or suicidal, make sure to see a health-care provider immediately.

Bupropion (Zyban)

It's less clear how exactly bupropion helps people stop smoking. Bupropion was first and continues to be used as an antidepressant (called Wellbutrin when used for depression). It was noticed that many depressed people taking bupropion basically lost interest in smoking, making it easier to quit.

Researchers studied the effects of bupropion and found that, indeed, it appeared to interfere with nicotine's addictive effects. Bupropion has been used successfully to help people quit smoking for decades. It appears to work best when combined with NRTs.

You should start bupropion one to two weeks before your quit day. Starting dosage is usually 150 milligrams for three days, increased to 150 milligrams twice a day. Treatment usually works within two months. If it doesn't work by then, bupropion is generally discontinued. Treatment lasts for about 12 weeks, but many people choose to take bupropion longer than that, sometimes as long as a year.

TIP

If you're depressed, bupropion may improve your mood. However, you don't have to be depressed to benefit from bupropion for smoking cessation. A benefit of bupropion is that it may lead to fewer cravings in other areas of your life, such as food or alcohol. However, there is little quality research to substantiate those claims.

Bupropion, like almost all pharmaceuticals has a long list of side-effects. However only about 10 percent of those taking it need to discontinue bupropion because of these side effects. Most of these symptoms will decrease over the first couple of weeks. These side effects include

- Dizziness
- Tremors
- Insomnia
- Jitteriness
- Dry mouth

- Concentration problems
- Anxiety
- Upset stomach and constipation
- Rashes
- Very small increased risk of seizures

WARNING

If while taking bupropion you experience increased depression, agitation, or suicidal thoughts or behaviors, immediately contact your healthcare provider. This may not be the medication for you.

Looking at off-label prescriptions

If you have health issues that prevent you from taking NRT or FDA-approved medication for smoking cessation or if other methods have failed, your doctor may consider another type of medication to help you quit. There are several drugs that have not been specifically approved by the FDA for smoking cessation but have been used and shown promise for individuals who have been unsuccessful with other methods.

There are two drugs that are used but have not been officially studied and approved by the FDA for this purpose. However, they are relatively safe and have been found to be reasonably effective in helping people quit smoking.

- **Nortriptyline:** This drug is a much older antidepressant medication than bupropion. Limited research has found that it can be effective in helping smokers quit. Generally, people start using it for a few weeks prior to stopping smoking. Side effects include blurry vision, dry mouth, fast heart rate, constipation, orthostatic (low) blood pressure when standing up, and weight gain or loss.
- **Clonidine:** This medication has been used to treat high blood pressure. Some studies have found it to be helpful for smoking cessation. It's usually started a few days before quitting. It can be given in a pill or patch form. Side effects include fatigue, dizziness, constipation, dry mouth, and weakness.

More promising medications are on the way. Quitting any addiction is highly individual and can take many different paths. Be patient. Don't give up. Work with your healthcare provider to explore options.

Finding Help on Your Phone

The resources we review in this section are all free to download or access. You can get help without judgment. The quitline is welcoming and confidential. You don't have to tell the counselor your name. And you don't have to have stopped smoking when you call — you can just be considering the idea.

You can also sign up for an app. You may prefer this option if you'd rather not talk to an actual, live person. If you want text or email support, you'll need to provide your phone number or email address if you're comfortable doing so. Most important, lining up additional support through quitlines or apps can increase your chances of success.

WARNING

Be careful about the type of information you provide in order to access an app. They vary in their privacy policies, and the policies are not always made explicit. Never give your Social Security number or important passwords. If you're required to make up a password, make it unique to that app — don't use the same password you use to access other websites.

Turning to quitlines

If you live in the United States and you want personalized support and help for quitting tobacco or nicotine, there's no better place to start than 800-QUIT-NOW (800-784-8669). For Spanish speakers, call 855-DEJELO-YA (855-335-3569). Calling these numbers will automatically connect you with your local state quitline. Asian smokers can call 800-838-8917 for Mandarin and Cantonese, 800-556-5564 for Korean, or 800-778-8440 for Vietnamese. For more information, go to `www.asiansmokersquitline.org`. The Veteran's Administration also staffs a quitline especially for vets at 855-QUIT-VET (855-784-8838).

You'll be able to talk to a counselor with training in smoking cessation. Counselors are ready to give advice on medications, NRT, and other strategies for stopping smoking or vaping. They can give you support through text messaging and email. This service is available 24/7 so you can call them when you're desperate, even at 2 a.m. We give this service our gold-star rating! It's the only line we feel is worthy of your attention. Sometimes there's something to be said about one-stop shopping.

TIP

Watch out for smoking cessation websites sponsored by commercial interests. Poke around in the fine print at the bottom of the page — you can usually figure the sponsor. Sometimes they disguise their sponsorship with initials. Google the initials when you aren't sure about a website. You don't have to pay for a quality quitline. And you want unbiased information rather than what some tobacco or pharmaceutical company may recommend.

Tapping out texts

Most phone assistance does not come in the form of texting, but through apps and quitlines. However, if you like to text, Smokefree.gov offers a free text messaging program that you can opt into or out of at any time. Here's how to sign up:

1. **Go to `www.smokefree.gov`.**
2. **Click Tools & Tips.**
3. **Click Smokefree Texting Programs.**
4. **Under SmokefreeTXT, click Sign Up Now.**
5. **Enter the required information.**
6. **Click Submit.**

TIP

Message and data rates may apply depending on your wireless provider's plan. Nowadays, many people have unlimited text messaging plans, but if you're not sure what your plan allows, check with your carrier.

You'll receive an instant welcoming text. The program checks in with you periodically. If you're having a tough moment, text "crave," "mood," or "slip," and you'll receive advice on getting through. The following are actual texts that we received when trying out this program:

- **Crave:** "Take ten deep breaths in through your nose and out through your mouth. Appreciate your smoke-free lungs."
- **Crave:** "We know the feeling. Think about what you're gaining and why you want to leave cigarettes behind. Stay focused — it will get easier."

- **Mood:** "Like you thought this would be easy? Quitting sucks but the effects of smoking suck more. Yes, it's hard, but the rewards are huge."
- **Mood:** "Surround yourself with supporters. Talk and do things with other people even if you don't feel like it, to boost your mood."
- **Slip:** "Ditching your quit because of a slip is like slashing your other three tires because you got a flat. Focus on your successes and keep going."
- **Slip:** "Quitting is tough and mistakes happen. The most important thing is to keep going! Learn from this. Forgive yourself. Now move on."

This program automatically terminates after six weeks. But if you haven't stopped yet, you can renew it. If you want to end it sooner, you simply reply, "Stop." It doesn't get any easier than that. By the way, when you text "Stop," you receive a friendly text telling you if you want to start again just text the word, "New" and you can change your mind.

REMEMBER

The prompts you receive from this text-messaging program can feel spot-on and personal. However, they're artificially generated and may sometimes miss the target. Don't take it personally. If you like texts, you may find this text-messaging program to be an additional support for your quit plan.

Assessing apps for assistance

The bottom line for using apps to quit smoking is they're not enough by themselves to serve as tools or guides for quitting smoking. Formal studies on their effectiveness are too limited to make strong recommendations. However, our take is that most of what they provide is reasonable from a scientific basis. What they do best is help you with tracking your progress and bumps in the road. They are not robust in delivering advice on a full range of strategies. That doesn't mean they have no value; it's just that they should be combined with other approaches reviewed in this book.

Next, we review a few of the apps that have received significant attention from the public and/or professionals. We make no

specific recommendations as these apps evolve over time. Again, these should all be considered as potentially useful adjuncts to your efforts.

QuitGuide

You can access this app from the Apple Store where users have rated it at 4.2. It's also available on Google Play, where it sports a rating of 4.0.

- **Cost:** Completely free.
- **What it does:** Tracks progress, cravings, moods, and slips. Identifies triggers, including time and location, and sends heads-up motivational messages as indicated. Also shows how much money you're saving.
- **Bottom line:** Easy to use. The location feature is interesting. You can drop a pin in a location that sets off strong cravings — the app will remember and send you a tip whenever you return to that place. Good, explicit privacy standards. Simple, appealing, engaging design. Unbiased source (US government).

QuitStart

QuitStart, developed by the US National Cancer Institute and `www.smokefree.gov`, can be found at Google Play with a rating of 3.5. Apple users rate that version more highly at 4.5.

- **Cost:** Completely free.
- **What it does:** Tracks progress, cravings, slips, and moods. Offers simple distracting games for dealing with cravings, provides inspirational statements and challenges about diet and lifestyle. Sends tips three times per day for two weeks and more often if you choose that option.
- **Bottom line:** Good app, easy to use. Some tips are a bit hokey, and challenges for improving your mood (like wear something colorful today) seem to have no clear rationale. Some reviewers complained about inaccurate data collection. Privacy standards are good and easy to access. Unbiased source (US government).

QuitNow!

QuitNow! is available at both Google Play with a rating of 4.4 and at the Apple Store where it's rated 4.6. It has more than 100,000 registered users and has been downloaded 1.5 million times.

- **Cost:** The basic version is free. The pro version is $3.99.
- **What it does:** Like most other apps for this purpose, it tracks progress (including days quit, cigarettes avoided, and money saved). It also alerts you to the health benefits you're accruing as the days pass without smoking. It has a chat-room available.
- **Bottom line:** Easy to use but has an annoying tendency to bombard the user with prompts to upgrade to the Pro version. Free version has pop up ads. However, user popularity ratings are quite high. Available in multiple languages. Privacy policy is easy to access.

Smoke Free

Smoke Free can be downloaded for free at the Apple Store with a rating of 4.8. You can also find it at Google Play, rated at 4.7. Obviously, people like it. They also have a smoke-free baby app version for women who are pregnant and wanting to quit smoking.

- **Cost:** Free download, but with limited functionality. There is a modest, $4.99 one-time fee or, if you're unsure that you want to stick with it, you can pay $0.99 weekly.
- **What it does:** Keeps track of your cigarettes smoked, time you spend smoke free, and health improvements over time, and gives you so-called "missions" for dealing with cravings. You earn badges over smoke-free time. The app provides numerous stop-smoking tips.
- **Bottom line:** The Quit Coach feature is automated but has a surprisingly personal feel. For example, we generated the following dialogue with the Quit Coach feature on the Smoke Free App:
  - **Smoker:** I feel like I won't ever be happy again.
  - **Quit Coach:** Hope you don't mind if I check, would you describe this as general craving to smoke?
  - **Smoker:** Nope.

- **Quit Coach:** Oops, sorry! I'm still very much in learning mode. Another go?
- **Smoker:** Sure.
- **Quit Coach:** What's triggering your desire to smoke?
- **Smoker:** Feeling empty.
- **Quit Coach:** Might seem a silly question, but does this fall into the general category of feeling down, depressed, low, etc.?
- **Smoker:** That's right.
- **Quit Coach:** Those cravings aren't easy to deal with. Hope this tip helps. . .. Know that this feeling will pass. That can be enough to make you feel better now. Let it be.
- **Smoker:** I'll try this.
- **Quit Coach:** Fantastic, I really hope it helps.

So, in our opinion, the Quit Coach doesn't exactly substitute for a live counselor or therapist. But it has the potential to help some folks who want a quick response — it's available 24/7, unlike a real person. The app is well designed and unusually easy to navigate. Smoke Free has some very preliminary research backing its efficacy. And techniques the app uses seem reasonably consistent with scientific approaches. For $4.99, it seems worth the investment if it helps you quit smoking.

All other apps for smoking cessation

Okay, we're tricking you with this heading. We're not about to review all or even most smoking-cessation apps. There are too many and not enough pages in this book to review them. Here, however, are a few parting thoughts on apps for your quit plan:

- Don't spend much money. There are good apps available for free, and most others can be had for less than $5.
- Beware of apps sponsored by commercial interests invested in selling products such as nicotine gum and lozenges.
- Make sure you like the look and feel of any app you choose.
- Read reviews on both the app store as well as independent sources when available.
- Don't believe unreasonable promises like "stop smoking in ten minutes." If it sounds too good to be true. . ..

Turning to the Internet for Support

You can also get support from others by joining a chat room or support group on the Internet. For example, there are hundreds of Facebook support groups. All you need is a Facebook account. Other types of social media also provide various options for connecting with others.

Two more support groups available on the Internet include

- **SMART Recovery (`www.smartrecovery.org`):** The acronym SMART refers to: Self-Management and Recovery Training. They have free support groups available to anyone wanting science-based addiction recovery. But they don't claim any particular success rate for smoking cessation. They have both in-person and online groups. You can join online using a pseudonym.
- **Nicotine Anonymous (`www.nicotine–anonymous.org`):** Nicotine Anonymous is a 12-step program similar to Alcoholics Anonymous. They provide online chat groups, telephone support, and in-person groups. Some smokers may benefit from the sponsors that are also available. The efficacy of 12-step programs is controversial, but many people claim they've been helped by them. Many of the benefits of 12-step programs appear to come from the social support they provide.

Many other websites offer resources and basic information about health effects from smoking and vaping, as well as tips for quitting (see Chapter 14 for a list of online resources).

IN THIS CHAPTER

- Finding new ways of thinking
- Developing new action plans to combat cravings
- Relating to feelings in new ways

Chapter 6
Changing Thoughts and Actions

Many people think of addictions as purely a physical phenomenon. And it's true that addiction to nicotine is partially caused by a biological process in the brain. But if that were the whole story, the 70 percent of smokers who say they want to quit would stop by the drugstore, buy some nicotine replacements, and quit. End of story.

It's quite true that nicotine replacement therapy (NRT) helps people quit. But NRT does not suffice for most smokers. There must also be a change in the way smokers think, act, and feel for most quit attempts to succeed.

In this chapter, we explain the relationship between triggers, thoughts, feelings, and actions. Then we give you the tools you need to challenge and change the way you think and feel about quitting. Next, we look at smoking triggers and ways to handle those with avoidance when you can and actions when you can't. Finally, we show you new ways to relate to your feelings so they don't continue to sabotage your efforts to quit smoking or vaping.

Exploring the Relationship between Triggers, Thoughts, Actions, and Feelings

Most smokers are aware of triggers that lead them to reaching for a smoke. For example, during the first cup of coffee in the morning, following an argument at work, while watching an exciting sports event — these could all serve as triggers for a smoker.

It's easy to think that triggers *cause* you to smoke. But there's far more involved. Triggers set off a cascade of thoughts, feelings, and actions. Let's take a deeper dive into the relationship between triggers and what follows them.

You may not realize that there are thoughts and feelings prior to your action of smoking. That's because these thoughts and feelings have become so automatic that you're probably not consciously aware of them. For example, if your smoking trigger is the first cup of coffee in the morning, you may reflexively reach for a cigarette without thinking and light up. You may have been aware of a small urge or feeling that you wanted that smoke. But because you had no intention of *not* lighting up, the awareness of the urge was weak.

Imagine what happens when you frustrate that trigger. That's when the thoughts and feelings tumble into your consciousness. "What, I can't have a cigarette? I *must* have a cigarette. I'll feel horrible without my first cigarette in the morning. I can't even enjoy a cup of coffee. Life is horrible. I'm deprived. *I can't stand it!*"

Sound familiar? And following these thoughts, you probably feel even more intense urges and cravings and sadness and basically horrible. It's helpful to understand how this relationship plays out in addiction. But first, here's a quick review of terms:

- **Triggers:** Situations, events, or occurrences that are connected with the action of smoking. Triggers are the result of associated experiences over time, such as smoking in the car, smoking after sex, or lighting up after a meal. Triggers can also be a particularly emotional event such as a stressful day at work or an argument.
- **Thoughts:** The interpretations or perceptions that you have about the trigger. Examples include: "I have to have a smoke in this situation," "I can't enjoy a meal without the anticipation of smoking," and "I'm stressed out, so I have to smoke."

- **Feelings:** The most common feelings associated with smoking are cravings and urges. But frustration, irritation, anxiety, sadness, aches, yearnings, and feelings of emptiness are also prevalent. In addition, positive feelings also occur around smoking. For example, smokers often report contentment, relaxation, relief, and pleasure during or after smoking. Naturally, most smokers say they're reluctant to give these positive feelings up. Who can blame them?
- **Behaviors:** Obviously, a cigarette is the first option most addicted smokers turn to. Quitters come up with *different* solutions such as chewing gum, spending time in the hot tub, going for a walk, or taking deep breaths.

You can probably list major triggers you have for smoking. And behaviors are apparent as well — you light up or do something else. But many people confuse thoughts and feelings. For example, you may say to yourself, "I feel like I can't stand to not have a cigarette on my break at work."

That statement is not a feeling, it's a thought. A feeling is what occurs *after* you say, "I feel like I can't stand to not have a cigarette on my break at work," to yourself. After having that thought, you then feel strong cravings for a cigarette on your work break. The cravings are the feeling.

Another example is when you say to yourself, "I feel horrible when I don't smoke." Again, that is a prediction, a thought about what will happen when you don't smoke. The feeling of "horrible" has not yet happened. But guess what, it probably will because you predicted it.

Thinking Differently about Triggers

People tend to believe that feelings occur as a direct result of situations or events that happen to them. In other words, events, occurrences, and triggers are responsible for how they feel. In terms of smoking, triggers are a type of smoking-related event, occurrence, or situation. How many times have you heard someone say the following?

- My computer crashed, and I feel horrible.
- I ran out of cigarettes, and feel desperate.
- I broke my fingernail, and I'm totally stressed.

It's easy to say that the preceding events caused the feelings. But let's take another run at the same events and add the underlying thoughts. It's those thoughts about what happened that directly lead to your feelings. See Table 6-1 to further understand the relationship between events, thoughts, and feelings.

TABLE 6-1 Connecting Events, Thoughts, and Feelings

Event or Trigger	Thought	Feeling
My computer crashed.	It's going to cost me a fortune and I don't have time for this!	I feel horrible and angry.
I ran out of cigarettes.	I can't stand going another two hours before I can buy more.	Desperate cravings.
I broke my fingernail.	Everyone will notice; it looks terrible.	Totally stressed and irritated.

Maybe you think those feelings are inescapable. In other words, you think that your thoughts are a direct result of the event that occurred, and feelings follow naturally. Put that thought on hold for a moment.

Instead, consider how you would likely feel if you had different thoughts about what happened. The same event but viewed with a different thought or interpretation leads to strikingly different feelings. Table 6-2 shows how different thoughts lead to different feelings.

TABLE 6-2 Connecting Events, New Thoughts, and New Feelings

Event or Trigger	Thought	Feeling
My computer crashed.	I've had computers crash before. It's a hassle, but not exactly the end of the world.	Mildly irritated.
I ran out of cigarettes.	This happens to me all the time. I'll be okay for a while.	Blasé.
I broke my fingernail.	Like, no one will care or notice.	Close to neutral.

You can see how different ways of looking at an event or trigger lead to altered, less upsetting feelings, including reduced cravings to smoke. You may be thinking right now, "What does this have to do with me? I just want to quit smoking. I'm not really concerned about all these thoughts, feelings, and triggers. I want to cut to the chase, get rid of the awful cravings, and stop smoking!"

We hear you. But changing the way you think can help you get there. And we wish, like you, that it was easy to do.

REMEMBER

What makes it hard is the fact that most people don't really think about what they think. They don't examine their thoughts. Instead, they interpret or perceive things automatically without a lot of attention to the process. Most folks simply assume that their thoughts are accurate.

TIP

Just because you have a thought doesn't make it true. Thoughts are merely thoughts, not facts. Consider putting a sign on your bulletin board that says, "Just because I think something doesn't make it true!"

In the following sections, we give you the tools for uncovering distortions in your thinking (we all have them), re-examining your thinking, and designing new, more adaptive thinking that can help you get to the finish line of quitting smoking or vaping.

Finding distortions in your thinking

The human brain is a thinking machine. Streaming thoughts churn constantly in response to daily life events. Some thoughts are accurate. But the brain likes to take shortcuts. And inaccurate thoughts are often simpler and come from past experiences that may no longer be relevant in your world today.

Inaccurate thoughts become habitual over time. For example, people with chronic pessimism tend to look at everything as having a negative outcome. They repeat pessimistic thoughts so often that they no longer notice a sunny day or a glass half-full. And they don't question their bleak predictions and perceptions.

The following sections describe the common ways thoughts can be distorted as related to urges, cravings, aches, and yearnings to smoke. Look for yourself in these thought distortions. Don't worry; we'll help you figure out how to challenge and replace them with more useful thinking.

Catastrophizing

One of the most common thought distortions is what's known as *catastrophizing*. This distortion habitually makes "much ado about nothing," as Shakespeare wrote. Others call it making mountains out of molehills. You may be resisting this interpretation. Quitting smoking is a big deal — it *is* a mountain!

You're right; quitting is a big deal. And no easy task. But it's not undoable. It's not impossible. If your thoughts are distorted by catastrophizing, you'll struggle all the more.

TIP

If you hear these words or phrases rattling around in your head, it's a good indication that you're something of a catastrophizer:

- Awful
- Can't stand it
- Dreadful
- Hopeless
- Horrible
- Terrible
- Worst thing in the world

Don't despair. If you're a catastrophizer, it's hardly the worst thing in the world. You can overcome this thinking. We show you how in this chapter. Recognition is the first step.

Fortune telling

People who engage in fortune telling predict the future. And guess what? As far as we know, no one can really do that with much accuracy. Some predictions are more likely true than others. For example, if all you eat every day is cake and ice cream, we can predict that you'll suffer from malnutrition and probably gain some weight. Or if you hop on a train traveling to Toronto, you're likely to end up in Toronto.

However, when it comes to quitting smoking, fortune-telling predictions are usually negative and foretell bad outcomes. They don't do much to make quitting easier. Instead, by jacking up your emotions, fortune telling usually makes progress harder.

Common examples of fortune-telling phrases include

- Without tobacco, I'll never be happy.
- I'll never enjoy coffee again if I quit.
- My cravings will never go away.
- I couldn't ever enjoy time with my friends without vaping.
- I'm too weak; I could never quit.
- I could never find non-vaping friends to spend time with.
- I'm so addicted; I'll always have to smoke to survive.
- If I quit vaping nicotine, I'm certain to gain 30 pounds.
- If I quit, everyone will hate me because I'll turn into a total crab.
- My husband will leave me if I quit smoking — he'll never quit and he couldn't live with a nonsmoker.

TIP

Notice how the phrases include absolutist words such as *always*, *never*, *everyone*, *total*, and *couldn't*, without exceptions considered. That's always a clue that pernicious fortune telling is in play. Interestingly, after decades of work with clients trying to change troubling emotions and problematic behaviors, we've found that well over 95 percent of fortune-telling predictions end up not panning out. And the few times that they did, rarely did the predictions cause the expected degree of misery and distress.

Mental filtering

Mental filtering is another type of cognitive distortion. This distortion discounts and discards any data that does not fit with a preconceived notion. For example, if someone is quitting smoking and fears that pleasure will plummet, the mind can make the data conform to that prediction with mental filtering. In other words, enjoyable times will be quickly forgotten, and unpleasant events well remembered.

Addiction's aches and yearnings push you to filter out positives and dwell on negatives. Why? To suck you back into smoking. If things are as bad as mental filtering would have you believe, of course you'll want to smoke!

REMEMBER

The "Reevaluating your thoughts" section, later in this chapter, shows you how to overcome the mental filtering problem, as well as other types of thought distortions.

Black-and-white thinking

Black-and-white thinking is a surefire way to trip up your quit-smoking program. This distortion views the world and events as all or nothing, good or bad, wonderful or horrible, with little in between. It's an extreme way of thinking and extremes generate lots of emotion.

Extreme thinking can cause cravings to become intolerable instead of uncomfortable. A single puff on a cigarette becomes a reason for a total relapse (see Chapter 11). The following list exemplifies black-and-white thinking.

- I have no self-control at all.
- I must be perfect.
- There's a right way and a wrong way to do things with nothing in between.
- I absolutely can't stop smoking even for a single day.
- My partner won't give me any support at all.
- I never succeed at difficult tasks.
- I am completely addicted to smoking; it's hopeless.

You can see where black-and-white thinking goes. You don't have much hope for success if you engage in this type of thought distortion. But there is hope! You can change your thinking style.

Personalizing

Another popular thought distortion is known as *personalizing.* This distortion leads you to interpret everything that happens as related to you — whether it really is or not. For example, if a driver in the next lane cuts you off, personalizing will lead you to believe that the other driver did it intentionally to mess with you. This belief leads you to anger. However, it could be that the driver was on her way to the hospital to give birth to quintuplets! Or maybe the driver was inattentive and didn't even see you — not a good thing, but not about you personally.

So what does personalizing have to do with quitting smoking? Personalizing leads to difficult emotions like anger, rage, or shame, which can be dealt with by what? Smoking, of course!

Unyielding obligations

This thought distortion causes you to think you should be doing something different from what you're doing currently. "I should," "I must," and "I have to" are prime examples of this thought distortion. The human mind likes to appraise, evaluate, and judge everything. This tendency adds additional, unnecessary pressure to any undertaking, including smoking or vaping cessation efforts. Review the following list to get a flavor of the pernicious effects of such thinking:

- I must not get crabby.
- I shouldn't have to suffer withdrawal symptoms.
- I must quit smoking now.
- I have to stay upbeat.
- I should work at this harder.

You may be thinking all these statements are true. Why worry about them? Well, let's try a quick rewording of the statements and see if they feel a bit different and less harsh:

- I'd like to work on being less crabby.
- I'd prefer not to suffer withdrawal symptoms.
- I'd like to quit smoking now.
- I'd like to stay more upbeat.
- It would be great if I could work a bit harder on this.

When your thinking includes distortions such as *should*, *must*, or *have to*, you're likely to believe you're coming up short. Most obligatory evaluations of yourself can be softened. The reason to do that is that the more you believe in *should*, *must*, and *have to*, the harder things get. Concepts like *it would be better*, *I'd like to*, and *I'd prefer* do the job with less emotional turmoil.

Reevaluating your thoughts

Having distortions in your thinking causes you to have more intense emotions, which are generally negative. In turn, when you already have cravings, those distortions can become more extreme. A vicious cycle ensues.

For example, someone who tends to catastrophize, filter out positive information, apply unyielding obligations to himself, and fortune tell, may begin the quitting process with considerable apprehension. That person would also lack the self-confidence necessary to take on quitting. Changing thinking will help build up that confidence.

We categorize thought distortions as catastrophizing, fortune telling, mental filtering, black-and-white thinking, personalizing, and unyielding obligations. Perhaps you noticed that the various types of thought distortions overlap. For example, the thought of "I won't be able to stand it" is a clear example of catastrophizing. However, it's also an example of fortune telling. In fact, most distorted thoughts contain two or more distortions simultaneously. Does this matter? Not really. The techniques for challenging thought distortions work pretty well for all types of distortions.

Examining the evidence

Not all of your thoughts are wrong, distorted, or erroneous. For example, if you have the thought "I'd really like to have a cigarette now," you're probably completely correct and honest. There's no distortion. Yes, you wish you could have a cigarette.

It's only when you add obvious distortions, such as "I absolutely must have a cigarette right this minute," that your thinking starts to look warped. And hopefully you can see, the later thought will evoke much greater emotionally driven urges and cravings.

TIP

Here are some evidence-gathering questions you can ask yourself about your smoking- and vaping-related thoughts in order to challenge them and come up with something more realistic.

- Are my thoughts absolutely, 100 percent true all the time?
- Is it possible that I'm exaggerating?
- Have I ever handled anything challenging in the past and gotten through it?
- Am I filtering out any important information?
- Do I have experiences that would contradict this thought?
- Have my dire predictions always come true?

Moderating extremist words

Thought distortions greatly aggravate negative emotions. Thus, they make you feel much worse than you would have without distortions. Thought distortions often involve extreme words such as the following:

- Always
- Awful
- Devastating
- Horrible
- Impossible
- Never
- Unbearable

Imagine trying to quit using tobacco or nicotine and describing the process using extremist words. For example, a vaper might say, "Life without nicotine is unbearable. It's utterly impossible to get through the day. It would be horrible to quit and never have that nicotine buzz again. I'll always vape."

You can soften the impact of extremist words if you modify and replace them with flexible, less absolute words and phrases. Few things are totally impossible. Although some things are devasting, they aren't frequent and they're usually temporary. Rarely is life unbearable.

WARNING

If your life truly feels unbearable, that's probably a sign of significant emotional problems, such as depression. We strongly urge you to see a mental health professional as soon as possible. If you feel hopeless or like ending your life, another good option is to start by calling the National Suicide Prevention Lifeline available 24 hours a day at 800-273-8255. They also have an online chat available at `www.suicidepreventionlifeline.org/chat`. To get the text crisis line, text HOME to 741741.

Let's take each of the extremist words and come up with a more flexible, logical, and supportable word or phrase:

Extremist Words	More Flexible Words
Always	Most of the time
Awful	Distressing
Devastating	Upsetting
Horrible	Unpleasant
Impossible	Very difficult
Never	Not usually
Unbearable	Uncomfortable

TIP

It helps to think about your extremist language like saying your car never has any gas at all or it's always totally, completely full. Only once in a blue moon are those extreme thoughts accurate. The truth is your car could be quite low on gas, or pretty topped off, but most of the time, it's somewhere in the middle. So when you're thinking about your thinking, consider using a moderate, balanced set of words. Such words will evoke less distressing emotions and feel easier to deal with. They're likely to be more supportable by evidence as well.

Sitting across from a friend

It's human nature to feel upset or distraught when you're going through a tough time. And quitting an addiction like smoking is definitely in the tough category. Sometimes it's particularly tough when urges unexpectedly surge. And when times are tough, it's often comforting and helpful to spend some time with a friend. But what if your friends are tied up or unavailable? Or perhaps you don't want to bother them or share your troubles. Or maybe they're still smokers.

We have a strategy that many people find helpful. It's called the two-chair technique. With this method, you can access a friend within yourself. Almost all people have a reasonable, logical part of their minds in addition to an emotionally driven side. When you quit smoking and urges emerge, the emotional side of your brain tries to take charge. Accessing your friend within yourself helps you fight back with reason, evidence, and logic.

In order to do that, we have an exercise for you to try. Okay, we know it sounds a little weird, but really in our many years of psychology practice (as well as a bunch of research studies), we've seen this work for lots of people. So, put your reservations aside for a moment and do the following:

1. **Set up two chairs facing each other only a foot or two apart.**
2. **Label one of the chairs, "My emotional mind."**
3. **Label the other chair, "My logical, reasonable mind."**
4. **Imagine two of you, one in each chair.**
5. **Now, the real you needs to sit in the emotional mind chair.**
6. **Tell the imagined logical, reasonable part of you why quitting smoking or vaping is utterly impossible, horrible, not worth it . . . you get the idea.**

   Conjure up every rationale you've ever used to justify continuing to smoke or cave into a craving.
7. **When you're out of emotionally based reasons, switch to the logical, reasonable mind chair and argue back.**

   Tell the emotional part of your mind why it's wrong and foolish to continue thinking like that. Talk about the numerous health concerns you're addressing by quitting and why it's all so important to you.
8. **When you run out of logical arguments, switch back to the emotionally driven chair.**

   Think of more reasons to dispute the logical part of your mind until you run out again.
9. **Keep switching chairs until you've run out of arguments.**
10. **Summarize what you've learned.**
11. **Repeat this exercise from time to time whenever you find the emotional side of you starting to take charge.**

REMEMBER

We're not suggesting that your emotions are always wrong. There are times your gut tells you something worth listening to. But when it comes to addictions, strong emotions usually lead you astray — they are not your friend.

TIP

Understanding how thoughts interfere with your smoking cessation attempts will help you quit. But there's an important side benefit — when you recognize distortions in your thinking about smoking, you can apply what you've learned to other aspects of your life. For example, if you have bouts of anxiety, sadness, or anger, reevaluating your thoughts can help you deal with these issues too.

Relating to your thoughts in a new way

Problematic, distorted thoughts can be challenged through checking the evidence, replacing extreme words with flexible language, and using the two-chair technique (see the previous sections). If you've tried these strategies and they do the trick for you, you may not need to read this section. However, you may have made progress in challenging your distorted thoughts but want something more.

When you think about your thinking, it's easy to believe that your thoughts are real and have great meaning and importance. And sometimes that's the case. For example, when you think you need to pay your bills, you probably do! Your thoughts are telling you an accurate, important piece of information.

But when your thoughts tell you "I can't stand it," "I must have a cigarette now," "I'll be miserable forever," or "Maybe I'll just have a couple of smokes," then they aren't giving you information with great meaning and importance. And they are not true!

Another way of dealing with problematic thoughts is not to replace them at all but relate to them in a new way. Try realizing that thoughts are just thoughts. You can hear them and refuse to engage with them. You can merely let them go.

TIP

We have three quick techniques for letting your thoughts go. They take a little whimsical use of imagination. But suspend your judgment of these until you've tried them.

- **Leaves:** Imagine writing your thoughts on a large leaf. Look at the leaf and read your thought. A gentle wind picks it up and drops it into a stream. The leaf gradually floats downstream.
- **Clouds:** Imagine you have a magic pen that can write on clouds. Write your problematic thought on one of those clouds. Read it and watch it slowly drift by.

- **Train cars:** Imagine a very long freight train approaching. It has your thought written on each car as it slowly chugs along down the tracks. Wave goodbye as it passes.

You use these techniques to stop engaging, arguing, or evaluating your thoughts. Earlier techniques show how to rethink thoughts. This approach helps you merely let them go. You'll never stop having problematic thoughts from time to time, but you can choose to deal with them differently — just another part of life passing by.

REMEMBER

As you let go of thoughts, your actions will change. For example, if you think, "I must have a cigarette," and you let that thought go, you may choose to do something different. In other words, you'll feel less compulsion to pick up another cigarette.

Listening to Feelings and Urges

Trying to avoid all unpleasant feelings when you're battling an addiction is a certain path to failure. But that's what many quitters desperately try to do. They turn to substitutes such as NRT or ask for medications to eliminate cravings (see Chapter 5). They go to hypnotherapists, dabble with acupuncture, or take supplements, all in a frantic effort to avoid the cravings that come with quitting.

There's nothing wrong with trying, and sometimes these endeavors work. In fact, NRT and prescribed medications can temper the bad feelings. However, for most people who are trying to quit, some bad feelings emerge, no matter what. But the more you absolutely need to completely quash these feelings, the more likely they'll overwhelm you.

If cravings, urges, yearnings, aches, and feelings of emptiness derail your efforts, we have a different suggestion for your consideration. As counterintuitive as it may seem, open up space for these feelings.

The feelings we're interested in here include only those that tend to send you on a quest to find and consume tobacco or nicotine. Typical, problematic feelings that trigger lapses include

- Aches
- Anxiety

- Boredom
- Cravings
- Emptiness
- Loneliness
- Stress
- Urges
- Yearnings

TIP

Most common feelings or emotional triggers are distressing in nature. However, sometimes people find themselves triggered by positive emotions such as joy and excitement. The negative cravings and urges follow the initial positive feelings.

To handle these feelings in a different way, start by examining them closely. When they occur, jot down where you feel them in your body and how intense they are, and maybe rate them on a 1-to-10 scale of intensity. Time them, too — do they last a few minutes, an hour, or what? Look at them objectively like you have to write a science report on them. Allow them space to exist and realize they don't have to overwhelm you.

For this approach to feelings, you don't have to write down where they occurred or what caused them. We only want you to concentrate on feelings from an objective distance. Become a scientist interested in the science of feeling and emotion. Study your own feelings in a detached and objective way. As you practice relating to your feelings in this new way, you'll likely find that you begin feeling differently. Not radically and not all at once. Just a bit less intense and a bit more manageable.

TIP

Opening up space and accepting feelings can help you in other aspects of your life as well. If you have anxiety or depression, acceptance of feelings can help. When you try to suppress or deny difficult feelings, that can cause greater emotional distress. That distress can lead to physical complications such as high blood pressure, digestive problems, tense muscles, and greater urges to smoke. Accepting emotions allows you to process them and let them go.

WARNING

If feelings of depression or anxiety or any other emotions are interfering with your everyday functioning or causing considerable distress, help is available. Consult a mental health professional or your primary care provider.

Taking New Actions

In the earlier sections of this chapter, we discuss how thoughts, feelings, and triggers can lead people to smoke or vape. In this section, we talk about how changing behaviors can help you keep your impulses to indulge at bay. It begins with avoiding triggers and doing something different when you can, making the triggers less potent when possible, and taking specific actions to handle smoking triggers when they can't be avoided.

Avoiding and minimizing triggers when you can

Realize that you can't avoid all smoking triggers all the time. But you can reduce the frequency and degree of your interactions with triggers that tempt you to smoke. Some exposure to triggers is necessary to break a habit, but you need to build up strength to be able to face the biggest challenges.

If at all possible, avoid the obvious, most problematic triggers. For example, if you play poker on Friday nights and the gang all smoke, take a breather, so to speak. Your buddies will understand. Don't think for a second that you'll be able to deal with such a loaded situation right out of the starting block.

That's even more true if alcohol is involved because alcohol reduces inhibitions and self-control. For that matter, watch out for that after-work drink or, even worse, drinks (plural). That's especially true if your drinking is associated with a relaxing cigarette. Alcohol is often a trigger for smoking.

Another situation that you may be able to easily avoid is going outside with the smokers during your breaks at work. Take a walk instead and be sure to go out another door or avoid the smokers as you leave. Consider having a cup of relaxing tea at your desk. Avoid smokers as much as you can, for at least a few months, if possible.

Don't go into the store where you regularly buy your smokes or vapes. For that matter, don't go *near* the store — it's too tempting to stop and go in. If you can, go to another neighborhood or make a detour. The more triggers that you can flat out avoid, the better, especially in the early going.

On the other hand, some situations are hard to avoid. If you smoked in the car every day while driving to work, you have a challenge. You could possibly take public transportation to work for a while or use a ride share. Or maybe you could carpool.

Barring these possibilities, you may need to come up with a distraction. Possibly you could find an especially engrossing podcast or audiobook.

REMEMBER

Quitting smoking is one of the best things you can do for your health. Be smart. Do everything you can do to be successful. Pamper yourself. Avoid temptations when you can and make a plan ahead of time for when you can't avoid triggers for smoking.

Having an action for every trigger you can't avoid

Some triggers you can't avoid. If you smoke after every meal, obviously you can't stop eating. If you smoke on the couch while you watch TV, we don't expect you to give up your favorite shows. After all, you're giving up something else you're extremely fond of, right?

TIP

Instead when you can't avoid a trigger, change it up. Don't sit still after a meal. Do something different. Be a hero and clean the kitchen or take a walk. During the first few weeks, moving away from the trigger spot may be the best way to deal with it. As for TV, change chairs or watch in a different room. Have some healthy snacks available that you can chew while you watch.

Some triggers may be difficult to change up. For example, it's tough to change up talking on the telephone. For cases like that, we encourage a brief burst of exercise. It can be done before or after the call. Obviously, clear this suggestion with your doctor first if you have any health issues. Do just enough exercise to get your heart rate up. A few minutes is usually all you need. By changing your body's in-the-moment metabolism, you change up the physical experience of urges and cravings.

Here are a few brief exercise bursts for your consideration:

- Jumping jacks
- Squats

- Pushups
- Quick-feet jogging in place

TIP

None of these alternative or modified actions will work for everyone. Some people find movement of almost any kind helps. Others like to listen to podcasts or music. Do what works for you.

Confronting triggers head on

Don't make it your goal to avoid all triggers of urges and cravings. In fact, after you master the first month or so of quitting, we encourage you to consider *intentionally* exposing yourself to some smoking triggers. That allows you to build up your endurance and ability to handle inevitable encounters.

WARNING

If you try this strategy and find it difficult, we encourage you to drop it. Some people find it enhances their quit attempts, but it's not for everyone. Not to worry — there are plenty more strategies in this and other chapters.

We're going to pretend that you're starting a light, free-weight training program. You start off easy — maybe 5 pounds. Then after you master 5 pounds, you advance to 8 pounds, and then on to 12 pounds and beyond (you can change up the weights in your mind to fit your own strength and fitness level).

This weight-training metaphor can help you understand how gradual exposure to tobacco or vaping triggers can build up your strength and resistance. Here's how to do that in a gradual, controlled way:

1. **Make a list of smoking triggers relevant to you.**
2. **Rate each one for intensity (easy, moderate, difficult).**

   Every trigger and rating will be different for every person.
3. **Pick one trigger for each category that you can plan to deal with.**
4. **Spend 5 minutes in the presence of an easy trigger.**

   Gradually increase the time to 10 minutes and then 15 minutes. Repeat until cravings decrease in response to that trigger.

5. **Do the same with a moderately difficult trigger followed by a difficult one.**
6. **Repeat until you feel greater mastery over your triggers.**

For some people, exposure to triggers is an important part of recovery. If you can't build up the strength to resist triggers, you'll be at risk for relapse.

Rewarding successes

You've had a smoking or vaping habit long enough to be thoroughly engrained, or you wouldn't be reading this book! Each time you inhaled, you were rewarded.

Now you want to give up something that you enjoy doing and replace it with what? Well, yeah, you want to get healthier and spend less money. But those goals can feel a bit remote. You were getting rewarded instantly for indulging in your habit. You need to set up quicker, concrete rewards for your successes.

In the early stages of quitting, you need to do whatever you can to stay the course. Finding good self-rewards is a big part of that picture. It's even okay to indulge in ice cream every single day you don't smoke (that is, for a while). Gaining a little weight is much less dangerous than tobacco, and you can work on that issue a bit later (see Chapter 12 for information about dealing with weight).

Use your imagination and come up with a list of ideas for self-rewards. See Chapter 9 for ideas on how to pamper yourself during the first risky months.

TIP

You're saving a small fortune by not smoking. Right now, an average price for a pack of cigarettes hovers in the $6 to $8 range. In other words, most pack-a-day smokers will spend over $200 per month; vapers will incur somewhat less. For the first month or two, consider using a major portion of your savings to reward yourself. Doing so can reinforce your new nonsmoking habit.

IN THIS CHAPTER

- Looking closely at your habit
- Designing your own quit plan
- Setting the date

Chapter 7
Preparing Your Plan

Because you're reading this chapter, we're going to make a giant leap and assume that you're serious about quitting and you want to know what steps you should take. The good news is that you have many quitting strategies to choose from, but you may not know where to start.

In this chapter, we help you find and choose the best methods for your individual, personal quit plan. These methods will be the ones that fit your history and interests. But don't worry about choosing the perfect plan. If one set of strategies doesn't work, there are lots of others to try. So if plan A doesn't work, give plan B a shot, and possibly plan C.

REMEMBER

Every time you take a run at quitting, you've cut down on your addiction and improved your health at least a bit. Every cigarette you smoke hurts your health. Every cigarette you *don't* smoke improves your health. More important, by trying to quit, you've given yourself more data on what may finally work for you. *Don't quit quitting!* The vast majority of successful, long-term quitters have a rich history of attempts.

Monitoring Your Problem Before You Quit

Your odds of success at quitting will increase if you identify your personal smoking patterns. A good first step for quitting almost any kind of habit is to keep track of the whens, wheres, and whys. You can do that with our Personal Pattern Tracker (see Table 7-1).

TABLE 7-1 Personal Pattern Tracker

When	Where	Why	Additional Notes

Keeping track of smoking may seem like unnecessary work, but it can provide useful information. Many programs suggest a two-week data collection/monitoring plan before you determine a quit date. We're a tad more flexible.

TIP

Simply monitoring your smoking increases your knowledge and awareness of what you're doing. It often leads to reduced smoking all by itself and improves your odds of successful quitting.

Some people already know when, where, and why they smoke. Keeping formal track may be superfluous for those folks. If you're not learning anything new from your monitoring, why do it?

However, most folks will find a week or two of tracking useful. It's really up to you to decide if it looks worth the effort and may give you useful information. If you're not sure, try tracking for a least a day and see for yourself. Here are a few things you could learn about your smoking from this exercise:

- You smoke more at home than elsewhere.
- You smoke when you're unhappy.
- You smoke when you're stressed.
- You smoke when something unexpectedly pleasant happens.

- You smoke more around certain people.
- You smoke when you're bored.
- You smoke more when you have a drink.
- There's hardly a time you go more than an hour without smoking.

Here's how you go about it. Every time you light up (or vape), write down the approximate time, place, and situation. Time and place should be obvious. Situation can refer to how you were feeling, as well as any relevant observations, thoughts, or insights.

You can record the information on a 3-x-5 card, on a piece of notebook paper, on your smartphone — whatever is easiest for you. If you want to track on your phone, check out Chapter 5 for information about apps that have trackers. The bottom line is to record the information somewhere that you can turn to for review. Keep the log going for at least 24 hours. Then decide whether to continue with it.

Reviewing Your Quit History

Another source of information for use in developing your personal quit plan can be found in looking back at your previous attempts to quit smoking or vaping. No doubt, a few things you tried in the past worked at least for a while, until you relapsed, whereas other strategies may have done nothing helpful or you may have even found them to be counterproductive.

TIP

Jot down as much information as you can recall about your previous quit history. Include the following:

- When did you quit?
- Did you plan to quit but gave up before starting?
- How long did you quit?
- What worked?
- What didn't work?
- What do you think caused your relapse?

For example, if you tried quitting cold turkey and it didn't work, you may want to consider using a bridge strategy that includes nicotine replacement therapy (NRT).

Or perhaps your history tells you that you tend to relapse during the holiday season. Well, obviously, you'll need to quit well before the holiday season or come up with extra supports during that time. You may also want to change the way you celebrate the holidays, at least during the first year of quitting.

Many people find alcohol to be a daunting trigger for smoking. You may consider abstaining from drinking during your first months of quitting. Think of this time as an opportunity for starting a new healthy lifestyle.

REMEMBER

We can't say this enough: Every attempt at quitting smoking is a success because it gives you information and practice that will serve you well in case you need to make another attempt.

Personalizing Your Quit Strategies

The next sections give you a brief reminder about the major techniques found in this book. Then we give you some thoughts about why you may or may not consider each approach as part of your personalized quit strategy. Don't worry about making the perfect selection; you can always change it up later. You can add one strategy or stop using another. It's totally up to you.

Challenging obstacles to change

Perhaps your personal history tells you that you often have thoughts about quitting, but something gets in the way. You may think that you don't have the willpower or it's the wrong time in your life to quit. You may believe that smoking is part of who you are or that your friends or family members cause you to smoke.

Beliefs like these often keep people from attempting or cause them to give up prematurely. If that's the case for you, review Chapter 4. Consider doing this task first, before you go any further.

Alternatively, if you don't have these sorts of thoughts, and you're pretty sure that you want to quit now, you may not need this approach. This is also true if you've had previous quit attempts

that lasted for several months or more. You wouldn't have been able to quit for that long if you harbored beliefs such as "It's too hard" or "I'm too weak" or "It's the wrong time."

Trying nicotine replacement therapy

Almost everyone with a long-term history of vaping or smoking cigarettes is addicted to nicotine. Yet the nicotine, by itself, is much less harmful than actual tobacco. Therefore, for many people, replacing nicotine through nicotine replacement therapy (NRT) makes sense.

In fact, you increase your chances for success if you use NRT. Most people who use NRT are able to decrease and discontinue it after a few months (see Chapter 5 to decide which form of NRT is best for you).

However, some people may not like the feeling they get when using NRT. Other people, without great effort, can give up cigarettes for weeks or months without major cravings. For those people, nicotine addiction may not be what is causing them to relapse. Other strategies may make more sense than NRT if nicotine doesn't appear to be a core part of the problem.

Starting medications

The US Food and Drug Administration (FDA) has approved two medications for helping with smoking cessation efforts. Many people find them to be a useful part of their quit plan. Both of them are prescription medications, and you'll need to talk with your doctor before starting them (see Chapter 5 for more information about this approach).

One of the medications, Chantix, allows you to taper rather than quit cold turkey. If cold turkey has given you fits in the past, that property of Chantix could be useful for you. In addition, you may find one or the other of these medications appealing if you've used medications for emotional issues (for example, depression or anxiety) successfully in the past. Another positive indication would be that you've rarely experienced problematic side effects with most medications you've taken before.

Some people get nauseous at the very thought of taking almost any medication. Both medications do have side effects such as upset stomach, disturbed sleep, and jitteriness. Some people who

take one of these medications discontinue due to uncomfortable side effects. If you tend to be particularly sensitive to side effects such as these, medications may not be your best option. In that case, leave the pill approach on the shelf, at least for now.

Other people take medications that may interact with smoking cessation medications — be sure to ask your pharmacist or healthcare provider. Finally, some people just hate taking pills. If that's you, consider trying other things first. You can always come back to this one later.

Rethinking thoughts

If you're someone who spends a lot of time in your head, that's great. Thoughts can help you navigate all kinds of problems. However, some thoughts can get in your way of accomplishing what you want. For example, do you tend to exaggerate, dwell on catastrophes, try to predict the future, worry constantly, or take things personally? Or do you find yourself obsessively tangled up in your thoughts, unable to find a way out? If so, you're probably a good candidate for challenging your thinking.

We think that most people could profit from spending at least a little time working on their thoughts. However, you may find yourself resisting tackling this issue. It may feel like a hassle or seem silly to you. So, if you choose to bypass this approach, that's okay. Just remember: Challenging your thinking is an option if other efforts fail you. You decide — this is *your* personalized quit plan after all.

Managing feelings and urges

There's nothing that smokers fear more than being overwhelmed by strong feelings and urges. Some say they'll do almost anything to avoid them. But you can't really avoid all bad feelings when you give up an addiction. Instead, it's important to manage, cope, and deal with unpleasant feelings.

Then again, you could be one of those rare people who take medications and quit smoking without problematic, strong feelings remaining to trip you up. If so, fabulous! Otherwise, ignore this strategy at your own peril.

Getting tech support

Quitting smoking usually takes lots of support. But support can come in many forms. Nowadays, technology has rushed to the rescue. There are some really good free or low-cost apps to help you (see Chapter 5). Most of them warn you about problematic locations, give advice on managing urges and cravings, keep track of your progress, send you tips, and more. You're likely to find them helpful or at least sort of fun.

Some people just plain hate tech or don't own a smartphone or similar device. Those people may want to turn to online support (see Chapter 14 for useful websites). Others prefer speaking to a real live counselor at a free quit line — if that's you, call 800-QUIT-NOW (800-784-8669).

Alternatively, you could be a highly independent person who hates asking for help or support on almost anything. Okay, but remember that the cost is typically either free or low. Why not give one of these options a shot?

Soliciting social support

Humans are social beings. Numerous studies tell us that having a good social support system helps with almost everything, including overall health, emotional well-being, success, and more. Overcoming addictions of almost any kind is no exception to the rule. We talk about formal social support in the form of Nicotine Anonymous and SMART Recovery in Chapter 5. And there may be other options in your local area — call the quit line number in the preceding section for more sources.

You can also cobble together your own, informal support by asking trusted friends and family to help you. See the "Declaring Your Intent" section, later in this chapter, for information about what to say to them.

Alternatively, you could be a certifiable loner. Maybe you find opening up to other people difficult, to say the least. Still, you can consider anonymous help lines. If that's still too much, skip this strategy, at least for now. It's available if and when you want it.

Choosing Your Quit Day

Gulp! Relax, you don't have to quit today. It's just a good idea to actively choose your quit day ahead of time. Give yourself enough time to complete your pre-quit plan (see the "Creating a Pre-Quit-Day Game Plan" section, later in this chapter). And give yourself time to go through our quit strategies for determining which ones you'll put into your plan. But don't push your quit date out so far that it becomes an excuse to keep smoking — that could even lead you to change your mind.

TIP

You also may want to consider the following ideas for coming up with your personal quit date:

- **Consider your work and life schedules.** Choose a day that's busy, but not overly stressful, if possible.
- **Reconsider quitting while on vacation.** Although a vacation may seem like a good time to quit, it's not always a good idea because when you return to work, the old triggers and stressors will be facing you again. Your success on vacation may possibly evaporate when you return to your "real" life.
- **Consider selecting a personally meaningful date.** Some possibilities may be a birthday, a holiday, a Great American Smokeout date (sponsored by the American Cancer Society), or an anniversary.

If all else fails, throw a dart at a one-month calendar! The point is, just set a date. And don't make it more than a few weeks in the future. Don't change your mind. *There is no perfect time.*

Declaring Your Intent

You've made a decision: You're going to quit. Now you can devise a personal quit plan. Making a written commitment to yourself and others reinforces your resolve and improves your odds of quitting. That's because most of us take contracts seriously. Let's get to it!

Writing out a personal quit plan

You can write your quit plan on a notepad or type it into your computer or smartphone. It's pretty simple. Figure 7-1 shows a sample template for your personal quit plan.

I, _____, have committed to stop smoking on this date:_____.

The top five reasons I'm quitting smoking are:

1.

2.

3.

4.

5.

I'm going to use the following strategies to help me quit (for example, NRT, medication, challenging obstacles, rethinking thoughts, tech support):

I'm going to avoid (and later confront) the following triggers by these actions:

I've lined up the following people to help support me:

Signed: _____

Date: _____

FIGURE 7-1: A personal quit plan template.

REMEMBER

Think of your plan as a flexible work in progress. Keep what works, toss what doesn't, and add what could work. Keep your personal quit plan in a convenient place, and review it often.

Telling friends and family what you're up to

Assuming you have a supportive family, you may want to make your intentions known to them. Share your plan with them and ask for their support. Tell them you're determined to quit and why.

Not everyone is fortunate enough to have an unconditionally supportive family. Maybe your parents are highly critical or your siblings pounce on your every mistake. In that case, you'll probably want to hold off telling them for a while. No sense in adding to your stress.

Hopefully, you have some friends who are less judgmental. If so, tell them all about your game plan. Acknowledge that you may not make it successfully and you want their support anyway. That's because you're going to keep on trying until you succeed.

TIP

If you don't have supportive friends or family, consider calling 800-QUIT NOW (800-784-8669) and chat with a friendly staff person who's trained in being nonjudgmental and supportive.

Creating a Pre-Quit-Day Game Plan

Before you actually quit smoking, there are a couple of things you can do on your pre-quit days. The first is to change components of your smoking habit in any way you can to make smoking less rewarding. The second is getting your house, car, office, and environment ready to be smoke-free.

Changing things up

Smoking is not just an addiction; it's a habit. Like any habit, it's tough to change because of all the associations you have that trigger your habit. Therefore, you may find it useful to change a number of your smoking associations. These changes are

designed to make your smoking less automatic and less enjoyable. For example:

- If you love your cigarette with your morning coffee, try smoking it before that first cup in the morning.
- Change the position of your cigarette between your lips. Most people who smoke tend to have a habitual way of placing the cigarette in their mouths. Move it to the other side.
- Hold the cigarette in a different hand. Be careful not to drop it and burn yourself!
- Use a brand of cigarettes that you don't like as much. But don't try to reduce tar or nicotine at this point.
- If you smoke outside your office, go somewhere else to smoke. Look for places that feel less comfortable for you.
- Use different ashtrays in different locations.

You get the idea. Use your imagination with the goal of coming up with ways of making your smoking habit less habitual — in other words, less automatic and comfortable. You're not actually depriving yourself of nicotine yet, but you are breaking down pesky associations.

WARNING

Cutting down on the overall number of cigarettes you smoke prior to quitting works for some people. However, you need to be careful not to inhale more deeply and take more frequent puffs.

Cleaning out your smoking environment

Before your quit day, survey your home. Look for all the ashtrays. Clean all of them and put them away — except for one (you can get rid of it after you actually quit). Then clean your house from top to bottom, especially rooms you typically use for smoking.

TIP

This is a great time to get your carpets and drapes cleaned. Don't forget to take clothing like winter coats in for a cleaning — they collect smoke and smell. And do your car a favor: Get it washed on the day before your quit day.

IN THIS CHAPTER

- Getting last-minute supplies ready
- Making it through the morning
- Digging into diet

Chapter 8
Celebrating Your Quit Day

In earlier chapters, we describe and explain the *major* techniques for quitting smoking — trying nicotine replacement therapy (NRT), taking medication, getting social support, managing emotions, getting technical support, and challenging mental obstacles.

In this chapter, as well as the next two, we delve into the moment-to-moment challenges of quitting and how to get through the worst cravings using tiny targeted tips. By turning to major techniques, as well as tiny targeted tips, you can get through your quit plan one day at a time.

Prepping for Your Quit Day

TIP

You've made a contract with yourself, and tomorrow is the day to implement your quit plan. The days before your quit day are the time to get some supplies, meals, and entertainment plans ready. Here are a few tiny targeted tips:

- Break up and throw away all remaining cigarettes in your home. That means all of them.

- Put away all ashtrays or throw them out.
- Get rid of lighters and matches.
- Prepare a smattering of easy, great menus for several days, and buy the ingredients.
- Buy a few packs of gum or hard candy.
- Buy or find things to fiddle with, like toothpicks, a stress ball, a fidget spinner, or rubber bands.
- Make sure you have a good supply of NRT if it's a part of your plan.
- Reread your personal quit plan (see Chapter 7), and review the reasons you're quitting.

We have one more task for you before the Big Day hits. Doing this after you've completed your personal quit plan, but before you quit will give you a big boost of motivation. Furthermore, the activity is kind of fun!

Make a set of cue cards (any format) for yourself as reminders — write something meaningful on each one, including the reasons for quitting you wrote on your quit plan and other messages such as the following:

- I will save tons of money — about $10 today alone!
- I can get through this.
- My blood pressure and pulse will drop after 20 minutes without a smoke.
- My oxygen levels will return to normal after just eight hours.
- I've done even harder things in my life.
- Watch out for unexpected urges.
- Urges will decrease over time.
- After 48 hours, my sense of smell and taste will improve.
- No more yellow fingers and smoky, smelly clothes.
- I love the idea of being an ex-smoker.
- Keep active — don't sit around moping.
- Remember to check my app for more tips.
- Time to get an appointment to have my teeth whitened.
- No more social ostracizing from others because of my smoking.
- I will succeed.

You get the idea. Put these messages and more on notecards or sticky notes. Carry them with you. Pull one out whenever you have an urge. Pull one out even if you don't have an urge. Repetition, repetition, repetition.

After your last cigarette, tell yourself that what you're doing will be hard but worth it in the long run. Get a good night's sleep.

Waking Up as an Ex-Smoker

Good morning! It's a great day! Take a deep breath, and enjoy your smoke-free air. Appreciate that you'll be breathing clean air from now on, for the rest of your life. This first day as an ex-smoker (that's you) can be tough, but it's only one day. You can do it!

Now, *get moving!* This is no morning to dawdle. If you have the time, take a walk or work out. If not, at least spend a few moments reviewing your day's schedule. If you see any significant gaps in your schedule, find something to do during those periods.

Then throw yourself into a shower right away. Take time to enjoy the shower. Imagine the soap and steam are starting to clean out your lungs.

If morning is a time you normally smoke (and it probably is), change your routine. If you usually linger over a cup of coffee while you smoke, consider skipping the coffee at home and stopping at a coffee shop on the way to work. If you smoke while reading the news on your computer, don't read it today.

TIP

Pull out those cue cards that you wrote last night. Read them. Now read them again. Take a few deep breaths and get on with your day. When you have an urge, pull the cue cards out and read them again. If you're by yourself (or with someone on your support team), read them out loud.

Managing Food and Drink

First, don't let yourself get hungry, even if you're concerned about weight — you can deal with that issue later. Hunger is often reported to feel quite similar to cravings or urges for cigarettes. So be sure to eat three meals today along with a couple of modest snacks in between.

TIP

Everyone says to have celery sticks and carrot sticks to chew on in place of smoking. Well, we don't know about you, but after a couple of chews, it just doesn't do much to satisfy a craving. Try crunchy veggies with a little dip (it helps) or a handful of popcorn here and there.

Equally useful is to drink lots of water — tap, bottled, carbonated, or lightly flavored. Treat yourself to a cold glass of ice water with a slice of lemon or lime. Every time you feel a craving coming on, drink some water.

As you know, nicotine is a stimulant even though it can relax you, too. Caffeine in coffee is also a stimulant. However, for some people, coffee is a powerful trigger for smoking. If that describes you, consider switching to tea or possibly a form of coffee you don't normally drink. Iced coffee may have little or no association with smoking for you; if so, try it out.

Additional treats for dealing with cravings include fresh fruit (such as grapes, strawberries, and orange slices), nuts, and a few small whole-grain crackers. (See the "Opening a Pack of Pleasures Instead of a Pack of Smokes" section, later in this chapter, for some additional food alternatives for cravings that may surprise you.)

Keeping Busy at Work and Play

Today is a day to keep busy. If you're working, try to avoid too much stress or conflict. Also avoid, if you can, making big decisions or taking on new, complicated projects. Admit it; you're not going to be at your best.

TIP

Don't underestimate the difficulty of giving up an addiction. Your thinking may not be as clear as usual. Cravings and urges take energy. Give yourself a break today, and just get through what needs to be done.

If you've told your colleagues what you're doing, talk with them about how it's going. Most people are very understanding and want to help, particularly in the early stages of quitting. Reread your cue cards.

TIP

After work, it's play time. Don't bring any work home if you can possibly avoid it! We strongly encourage you to be active and busy tonight. Here are some possibilities:

- Go out to a movie (where you can't smoke).
- Stroll through a shopping mall.
- Take a walk with a nonsmoking friend.
- Play with your kids or dog.
- If you're a member of a gym, go for a workout. While you're there, listen to your favorite music or podcast.
- If you're not a member of a gym, consider joining one.
- Catch a baseball game if it's a smoke-free stadium.
- Take your car to the car wash if you haven't done so in preparation for quitting.
- Do something nice for a neighbor or friend.

Be creative. Ask your support people for other ideas. The bottom line is that the more engaged you get with activity, the less room you'll have for uncomfortable urges.

Avoiding Triggers for Now

The first smoke-free day is a day to plough through. No drama, don't climb any mountains or ford any streams. And stay away from your smoking triggers as much as you can. If you normally take a smoke break at work, find some other way to fill that time. Call a friend or send a couple of emails to update your support team. Surf the web for quit tips or for some things to buy after you save your cigarette money.

Other smokers, whether friends, coworkers, or family members, can be extremely difficult to be around at first. Ask them not to smoke in front of you for at least the first week or two — longer if they're agreeable. If you live with a smoker, you may have made an agreement that, for now, your partner or roommate will mostly smoke outside or in a specific room that you can avoid. The smell of smoke can trigger urges or cravings.

Commuting can also serve as tough triggers for many people. Cigarettes often go along for the ride as part of a long commute. Change up your mode of transportation for a while, even if it's a hassle. It will be well worth the cost in the long run if it helps you quit.

Maybe you're a TV aficionado and you watch it from your favorite smoking chair. Tonight, go to a movie instead. See the "Keeping Busy at Work and Play" section for more ideas.

TIP

If you're struggling with cravings today, call 800-QUIT NOW (800-784-8669) to talk with a quit-smoking counselor. You can even do that if it wasn't part of your personal quit plan. ***Remember:*** Your plan can be continuously updated as needed.

Opening a Pack of Pleasures Instead of a Pack of Smokes

Now we're going to go against all the rules. In our book, when you're initiating your quit day, carrots and celery sticks just don't do the trick. Your urges are strong — they want more than that!

Just as NRT can serve as a temporary bridge from smoking to a smoke-free life, guilty pleasures can do the same. So we're going to give you permission *for a while* to have your cake and eat it, too. That goes for ice cream, brownies, candy, chocolate, or spoonfuls of peanut butter right out of the jar. Seriously, you ask? Yes. If it gets you through for a little while, why not? But you protest, "I'll gain weight!" You're right. You probably will a bit. We help you out with that issue in Chapter 12.

WARNING

If you're diabetic, prediabetic, or morbidly obese, this advice is not for you. Think about other indulgent pleasures like buying something special for yourself.

What's good for you in the short run isn't so great in the long run. The core concern is that you quit smoking. Yes, being overweight isn't healthy and can impact your health. However, the risks of smoking are generally much greater.

Besides, we're not talking about eating this junk forever. We're talking about indulging this way for a week or two and *on occasion* for the first month or so. That's it. You won't gain an insufferable amount of weight doing that unless you go over the top.

TIP

Plan to reward yourself at the end of your first smoke-free day. You did it. Congratulations!

Going to Bed

You spent the day in survival mode. Your body has been used to a steady stream of nicotine via smoking. It's a big shift even if you're taking NRT. A few lucky people have no issues with sleeping the first night after quitting smoking. Other people feel excessively tired and fall asleep early — that's totally okay.

Unfortunately, others feel revved up from dealing with quitting and physiological rebound effects whether they're using NRT or not. If you have trouble sleeping tonight, realize it's normal and temporary. Tell yourself:

- I've had other nights when I didn't sleep, and I lived through them.
- I may struggle tonight, but it'll get better soon.
- Quitting smoking is worth the aggravation of a couple nights of bad sleep.
- Maybe I'll read a trashy novel until I get sleepy.

WARNING

If you can't sleep, it's a good idea to stay away from screen time. Read a real book (remember those?) or a magazine. Light emanating from screens messes up your brain's circadian rhythm.

IN THIS CHAPTER

- Managing irritability
- Getting a good night's sleep
- Looking forward to the payoffs

Chapter 9
Getting through the Risky First Month

You got through the first day. Yeah! In the first week of quitting, you mostly want to do what you did for the first day. Treat yourself like royalty. However, as the days pass, life re-emerges. You can't avoid every trigger, and early enthusiasm fades a bit. This first month represents your greatest relapse risk (see Chapter 11).

In this chapter, we give you some tips and strategies for making it through the difficult first month. The good news is that withdrawal symptoms from nicotine usually peak within a few days and come down further within two to four weeks. These symptoms will be milder if you're using nicotine replacement therapy (NRT).

WARNING

Your withdrawal symptoms may abate during the first month. However, you will probably continue to experience urges and cravings for some time. These are due to the numerous triggers you encounter in daily living. These triggers set off powerful urges, sometimes quite unexpectedly. These associations take time to lose their power.

Managing Your Inner Curmudgeon

Okay, let's get real here. You're not going to be the best version of yourself during the first few weeks of quitting, especially if you're doing it cold turkey without NRT or medication. In fact, you may find yourself:

- Snapping at your spouse or partner over virtually nothing
- Lacking patience with others
- Feeling cranky
- Experiencing nervousness
- Wanting to lash out with road rage
- Feeling easily frustrated
- Feeling on edge for no apparent reason
- Experiencing frequent sensations of restlessness
- Flying off the handle once in a while

WARNING

There is a common myth that it's best to express your anger, that left inside, anger will build and eventually explode from the pressure. Nothing could be further from the truth. Numerous studies of this issue have shown that expressing anger (such as screaming or hitting a pillow) leads to more anger. It's important to learn to control anger and express it in an effective, healthy manner. If necessary, expressing anger very carefully and mildly is usually your best course of action. If anger is a significant problem for you, consider checking out *Anger Management For Dummies* by Charles Elliott and Laura Smith (yes, that's us).

The next two sections show you various ways of managing your irritability. These strategies keep the temperature down for you and those around you.

Taking a timeout

Much like urges and cravings, difficult feelings of prickliness or touchiness pass after a little time. Try one or more of the following delay tips when you feel edgy (it's better than smoking or vaping):

- **Take slow, deep breaths.** Inhale slowly while you count to three and then exhale as slowly as you can. Repeat at least three times or until your feelings quell.

- **Slowly count to ten.** This really works. You may have to count as high as 100, but keep at it until you calm down.
- **Repeat a mantra.** Say to yourself, "Calm down," "Give it time," "Peace," or "Chill." Repeat one or more of these words slowly or choose your own word or phrase. Keep repeating until you feel better.
- **Close your mouth.** Don't let any words escape! They're likely to make things worse, no matter how careful you try to be. If you actually talk, the odds of your saying something useful while you're upset are about one in 28 billion.
- **Let it go.** Remember that your emotions are transient and will pass. Remind yourself that time is on your side.

One of the most compelling reasons for delaying the expression of your irritability is that withdrawal from nicotine is very likely causing you to perceive things and people around you in twisted, negative ways. Ponder that probability!

Not only are you likely overreacting, but if you do become irritable with others, you'll likely make things worse, not better. You could even annoy the people you're counting on for support. So do yourself a favor and take a timeout. Breathe.

Taking anti-curmudgeon actions

We also have a list of actions you can take to curtail your inner curmudgeon. Try whichever ones appeal to you. If your first choice doesn't work, try another one.

- **Suck on hard candy or a mint.** Don't chew! Take the time to slowly dissolve the mint in your mouth. By having something in your mouth, it's harder to talk and get yourself in more trouble.
- **Go for a walk.** Take a brisk five-minute walk. It will give you time to burn off some excess adrenaline. Consider taking your dog with you.
- **Clean up the kitchen counter.** Do any brief housekeeping task that can distract you for a few minutes. It will also give you a sense of accomplishment.
- **Try splashing your face with ice water.** You can also submerge your hands in ice water for 30 seconds. Or rub ice on your wrists or face. When you're done, you won't feel quite so uptight.

- **Put on a happy face.** This tip is also called "acting as if" — in other words, acting as if you're not irritated. You can put on a Mona Lisa face — sublime and serene. Your feelings will follow.
- **Play a quick game on your phone.** This is another distraction that works pretty well to diminish upsetting feelings. Make sure it's a game that engages your attention.
- **Apologize and mean it.** If you're the kind of person who finds it difficult to apologize, get over it!

REMEMBER

Realize that it's almost inevitable that you'll mess up a few times during the first month of quitting. You'll say some things you don't mean, or you'll snap at someone without good cause. After you calm down, apologize genuinely. You can then explain what's causing your irritability. Most people will understand.

TIP

Take a few minutes to review your personal quit plan at least weekly during this first month. If any of the strategies mentioned in this chapter work for you, consider adding them to your personal quit plan (see Chapter 7). When distressing emotions or cravings break through, also read your cue cards out loud (see Chapter 8).

Sleeping Through the Night

We know you're cranky because you gave up one of your favorite companions, smoking. Poor sleep can add to the crankiness. Stopping nicotine often disturbs sleep. And smokers who quit and experience sleep disturbance are more likely to relapse — especially during the first month. Furthermore, exhaustion leads to more irritability.

The good news is that you can improve your sleep, and indications are that those methods will reduce that relapse problem. But first, check out the reasons why sleep is important in your quitting efforts. Sleep deprivation leads to

- Emotional outbursts
- Impaired memory
- Difficulty concentrating

- Suppressed immune function
- Weight gain
- Inefficiency
- Decreased frustration tolerance
- Pessimism
- Impaired moods
- Impaired ability to cope
- Inflexible thinking (the inability to see both sides of an issue)
- Being accident-prone
- Lack of stamina
- Road rage

And with all that going on, you're supposed to quit smoking and resist urges, right? No wonder people trying to quit who experience sleep problems relapse more often than those without sleep impairment. Sleep problems are important to deal with in the first weeks of quitting — don't wait.

Even though the very act of quitting can mess up your sleep, there are things you can do to address that problem. It's usually preferable that you don't start sleep medications as your first strategy because sleep medications typically should only be used for the short term.

Why just for the short term? Simple. All too often, they lead to:

- Long-term problems with thinking and memory
- Addiction and additional sleep problems if you stop them
- Daytime drowsiness
- Bizarre wandering at night, including driving without awareness
- Increased anxiety

So, for now, look at how to improve your sleep quality in other ways. But if you want to check out sleep medications either now or later, be sure to talk with your doctor and carefully weigh the pluses and minuses of them for yourself.

TIP

Melatonin is a hormone that your body produces naturally. Many people find melatonin supplements to be a useful sleep aid. It's safer than prescription sleep medications, so you may want to start with melatonin.

Getting ready for bed

If you ever had a baby, you probably remember a bedtime routine. You may have had story time, a bath, and a last feeding before putting the infant down for the night with a goodnight kiss. When the routine was followed, for the most part, things usually went as planned. But when a bedtime routine gets disrupted, chaos can occur. That's why you probably tried to keep to the routine as closely as possible.

TIP

If you want to sleep like a baby, set up a bedtime routine for yourself. Start a few hours before bed. Here are some easy things you can do (and a few *not* to do) to wind down your day before going to bed:

- Don't do aerobic exercise within a couple of hours of bed.
- Exercise earlier in the day — it can help sleep later.
- Drink chamomile tea or another herbal or decaffeinated tea with relaxing properties.
- Don't talk about a highly conflicted issue with your family.
- Don't eat a big meal a few hours before bed. Instead, eat a small snack, such as a handful of nuts or some yogurt.
- Consider a warm bath or shower if you like them.
- Don't watch violent, scary, or suspenseful movies or TV shows if they rev you up.
- Do consider reading a book as long as the themes are not upsetting.
- Don't use screens an hour before bed because they can alter your circadian rhythm, although some people find that screens don't bother their sleep.

REMEMBER

After you've designed your sleep routine, try to stick with it. Don't vary it much, especially in the first month of quitting. Your body gets used to it and starts to drop off more quickly.

Making your room rest ready

TIP

Your immediate environment matters when it comes to sleep. Once again, associations are key. Here are some of the most important points for associating your bedroom with a restful sleep:

- Turn the thermostat down. Most people do better in a cool room.
- Make your room as dark as possible. Consider installing room-darkening blinds if necessary.
- If noise is a problem, think about using a sound machine app to generate soothing sounds in the background.
- Have comfortable sheets. Get some new ones if you're ready for them.
- Turn notifications off on your cellphone at night. And above all, don't look at your screen.
- Clean and organize your bedroom. Don't leave stuff lying around you could trip on in the middle of the night. Besides, messiness doesn't associate with peaceful sleep.

REMEMBER

These suggestions could seem trivial to you. But they add up to a more restful setting, and that's what your mind and body want.

Associating your bed with sleep

You need to associate your bed with sleep. Beds have two major purposes — sleep and sex. Both associations are fine. But if you have a sleep problem, be careful about other associations. Avoid the following:

- Doing work in bed
- Watching much TV in bed (a few minutes to wind down could be okay)
- Reading for an extended period of time in bed (again, that's if you have a sleep problem)
- Listening to loud music in bed

If you can't fall off to sleep within about 20 minutes, it's best to get out of bed and do something else. That's to avoid associating your bed with tossing, turning, and ruminating. Your choice of something else to do should be nonstrenuous and, ideally, a bit boring. Don't try going back to bed until you feel significantly

more fatigued. Get up again if you don't fall asleep within about 20 minutes.

It's a pain to keep getting up if you don't drop off to sleep quickly. But if you put up with a few sleep-deprived nights, you'll likely get a big payoff.

TIP

Sometimes you're snuggled up in bed, totally relaxed and peaceful, for longer than 20 minutes. We don't expect you to jump out of bed and do something else in that case. It's when you're fully awake and thinking about a long to-do list or worried about something that it's best to get up. Otherwise, enjoy the peace and quiet.

Avoiding alcohol and other drugs

It's often tempting to have a nightcap just before bed — and it may help you drop off. Unfortunately, alcohol interferes with normal sleep patterns, and you're more likely to wake up in the middle of the night, unable to go back to sleep.

The same advice goes for a variety of other medications and over-the-counter drugs — check carefully before taking them to avoid sleep problems. Common cold or allergy medications often contain stimulating ingredients. Finally, avoid caffeine and other foods with caffeine such as chocolate.

TIP

Some people even have a problem with decaffeinated coffee before bed — that's probably due to the association between regular coffee and feeling stimulated. Your brain sometimes reacts to the association and responds as if the decaf coffee actually contained caffeine. If you think that has happened to you, consider dropping that decaf at night.

Making your mind rest ready

Just as your bedroom environment matters, so do the contents in your mind. If you're stewing about a work problem, sorting out a difficult relationship, or figuring out your monthly budget, you're not likely to drop off to sleep easily.

TIP

Put off your worries until tomorrow. Consider having a notepad and pen to jot down your concerns so you can leave them alone. You may want to spend 15 minutes problem solving on paper, and then set it aside. Ideally, do this several hours before bed. Bedtime itself should be sacred — people rarely come up with brilliant solutions to issues while tossing and turning anyway.

TIP

If sleep continues to elude you, try to realize that, while not ideal, it's something you've probably coped with before. The more you obsess about your sleep, the worse it will get. If you continue to struggle past the first month or so, consider whether you have problems with depression or anxiety. Those moods often cause sleep problems. Depression and anxiety after quitting smoking are common but often abate, and when they don't, they're fortunately treatable.

WARNING

You may be tempted to try to make up for lost sleep by staying in bed more hours. That's a big mistake. Stick to your regular sleep schedule. You'll sleep better in the long run.

TIP

If you try all these sleep suggestions and continue to have prolonged insomnia, talk to your primary care provider about seeing a sleep specialist, particularly a psychologist trained in cognitive behavior therapy for insomnia. Sleep is an important problem to address early.

Tolerating Withdrawal in the First Month

TIP

We discuss withdrawal from smoking and vaping throughout this book. Your worst problems with this issue will occur during the first month. Be prepared to experience one or more of the following symptoms:

- **Increased cough:** Wait a minute, didn't you quit smoking to get rid of your smokers' cough? Yes, but when you stop poisoning your lungs, they begin to start cleaning themselves out. So it's kind of a good sign that your coughing increases. Expect it to diminish within a couple of weeks — check with your primary care doctor if it doesn't.
- **Tightness in chest:** This could be from coughing too much or having strong cravings. This symptom usually fades within days.
- **Fatigue:** We already mentioned sleep problems in the previous sections. But fatigue can come on even if you're sleeping all right. It happens because your body is adjusting to having no stimulation from nicotine, though less if you're on NRT. This, too, shall pass.

- **Minor sore throat:** The nerve endings in your throat start to regenerate and can cause minor irritation for a while. Drink lots of water and suck on lozenges often.
- **Concentration problems:** You've probably used nicotine to help you focus and concentrate. It takes some adjustment to learn how to pay attention without a cigarette, but your focus will improve.
- **Strong cravings:** Hang onto your hat and wait it out. Distract yourself especially with exercise. Unfortunately, this side effect can linger for a while.
- **Dizziness:** This symptom usually fades within a few days. It occurs because your body is not accustomed to the increased oxygen that comes from stopping smoking.
- **Increased hunger:** You may feel more hungry than usual because cravings feel much like hunger, and nicotine suppresses appetite. Try drinking lots of water, chewing gum, and/or having a variety of low-calorie snacks.
- **Constipation:** During the first month of quitting, a certain percentage of people experience constipation. It's important to drink lots of water and increase fiber in your diet.

REMEMBER

Withdrawal symptoms are common and expected. So expect them! Most of these will reduce and disappear before the end of your first month. Things do get better.

Talking Back to First-Month Excuses

The mind is an amazing thinking machine. It solves complex problems and helps you navigate a byzantine world. It's also quite dexterous in the art of lying and deception. It feeds you false information in a quest to make you feel better in the short run.

You can think of the mind as consisting of two parts. The first is like an elephant that responds to whatever the elephant wants at any given moment, such as food, water, and sex. The elephant tries to avoid danger, pain, or discomfort as well. The second part of your mind is more like an elephant rider that wants to do the right thing in both the short and long term. The rider is more logical and reasonable, but the elephant is more powerful.

In the first month of quitting, the rider is supporting your quit efforts. But the elephant wants nicotine. He's going to try to get it

any way he can. And he's strong. His tactic in this case is to convince you that it's okay to have just a puff, or a couple of puffs, or give up entirely.

Here are some of the things the elephant part of your mind is trying to tell you:

- I've been good this week; just one cigarette can't hurt anything.
- I'll just smoke at this party and get right back on the wagon tomorrow.
- This isn't a great time for me to quit; I'll do it in another month or two.

REMEMBER

You can't have one cigarette and not increase your urges and struggles. Maybe you'll get away with it, but your odds go down. Tell your elephant:

- Cheating does nothing but make it harder.
- There's always an excuse not to quit — many excuses, in fact.
- Stop trying to convince me to do the wrong thing.

The elephant lies. So, decide it's time to get your elephant under control. Take charge and read your cue cards again (see Chapter 8).

Appreciating Your Payoffs

The average price of a pack of cigarettes is approaching $7 in the United States. If you're a pack-a-day smoker, by the end of your first month, you've saved about $210. Not bad.

But that amount does not take into account the gas money you spend by having to stop at the store, the costs of frequent cleaning of your clothes, and extra visits to your doctor because of your increased susceptibility to various viruses and ailments. Smokers miss work more often and are less productive. Long term, you save at least double the price of the actual cigarettes, probably much more.

And you can't put a price tag on health. After one month of not smoking, coughing, congestion, fatigue, and shortness of breath will get better. Your sense of taste and smell will begin to return

to normal. You're on the way to decreasing your risk of a heart attack, your circulation improves, and you're already getting more air into your lungs. Your physical endurance starts improving — you can walk faster or run longer. Physical withdrawal symptoms largely fade by the end of that first month.

All these great physical improvements are something to savor and appreciate. However, don't let them fool you into thinking that urges and cravings won't crop up and try to beguile you. You've made it through the hardest month! Don't drop your guard now. Remain vigilant. You'll be glad you did.

Celebrating the New You

As this first month of nonsmoking goes by, life as a nonsmoker really starts to become new and different. Your world no longer has to revolve around where, when, and how to get your next fix of nicotine. Contrast this new life with your old one by observing other current smokers.

Watch them gather outside at break time or at someone's wedding and see how they slink off to sneak a smoke outside. Watch them purchasing their cigarettes at the store. Notice the hassle and the money, and remember the smelly clothes and the stinky breath. Notice the disdainful looks nonsmokers give to smokers and vapers. Remember and feel the ostracism.

Now it's time for the new you. Embrace the joy of knowing that you're:

- No longer dependent on finding the right place to indulge your cravings
- Feeling increased confidence
- Making the environment better for your loved ones
- Experiencing a release from the bondage of addiction
- Feeling proud and accomplished

Let that pride express itself in the way you stand. Walk with greater power and assertiveness. You're a former smoker now! Give yourself two thumbs up! You've met a great challenge head on, and you're winning!

IN THIS CHAPTER

- Facing troubling triggers head on
- Breathing away urges
- Respecting willpower
- Understanding disruptive emotions

Chapter 10
Staying the Course for the Next Five Months and Beyond

We're going to assume here that one way or another, you made it through the first month with the help of your personal quit plan (see Chapter 7) and that, if you did slip, you managed to crawl back and get onboard the quit ship again. By now, your body is free of nicotine and the physical withdrawal symptoms are, for the most part, over.

The remaining uneasy feelings of quitting are likely more closely caused by the powerful psychological addiction of smoking. Therefore, in this chapter, we're going to focus on how to deal with the emotional and psychological aspects of addiction.

First, we give you more tools to confront difficult triggers. Then we delve into the concept of willpower — what it is, how it gets depleted, and how to build it up again. We also discuss potentially disruptive emotional issues that could get in your way — specifically, anxiety and depression.

Next, we help you form an exercise plan to fit your lifestyle and boost your mood. We also look at discontinuing nicotine replacement therapy (NRT) over the next few months so withdrawal symptoms won't disrupt your quit plan. Finally, we suggest that you look back at your reasons for quitting to help solidify your resolve going forward.

TIP

As you progress through these months, we recommend rereading your personal quit plan from time to time. Also review your cue cards (see Chapter 8). Repetition may seem a bit silly, but it works. ***Remember:*** You're learning a new skill.

Boosting Your Plan for Problematic Triggers

During the first month, we strongly suggest that you avoid smoking, vaping, or chewing triggers as much as possible. We recommend that you stay away from people who smoke and avoid the places where you would normally smoke.

Avoidance usually works for a while. However, as the months go by, no matter how hard you try, you're going to run into smoking triggers. Be prepared to use more active coping strategies to successfully get through problematic triggers.

Avoiding avoidance

Now it's time to actively confront what you've been avoiding. Instead of allowing triggers to find you, you go after the triggers with this approach. Start small and pick an activity that you feel you can probably handle with minimal effort. For example, if you switched to tea because coffee sets off smoking urges, you may be able to try a cup of coffee again. Use the strategies in the following sections to prepare. Slowly work up to handling somewhat more powerful triggers. Go slow and easy.

TIP

Then again, you may not be quite ready to confront your most problematic triggers. For example, if everyone at the poker game smokes and drinks, that activity may remain outside your comfort zone — the temptation may be insurmountable. Stay away from the poker game if you think you may slip up and smoke.

In fact, a few highly charged situations, like the poker game example, may be best avoided for the rest of your life, or at least until some of the other players quit smoking, too (it's bound to happen). The decision about confronting the worst of the worst triggers ultimately is up to you. By the way, we hear that competitive Scrabble is extremely exciting, and most Scrabble players don't smoke. Okay, Scrabble isn't exactly poker, but you never know — maybe you could learn to love it!

Breathing through urges

Breathing is automatic. You spend your whole life breathing, and yet you probably don't think about it much. Under stress, breathing typically becomes shallow and rapid. Controlled, paced breathing slows things down and reduces tension.

A good way to get through a craving is to simply pay attention to your breathing. You should practice one or both of these techniques *before* you're experiencing an urge so the breathing pattern becomes an easy response to a smoking trigger. Focusing on your breathing takes your attention away from your urges.

TIP

If either of the following breathing techniques work especially well for you, consider adding one or both to your personal quit plan.

Urge-busting belly breathing

This breathing technique is a good distraction from triggers because it takes concentration; it's not what you're used to. Follow these steps:

1. **Sit in a chair or lie on the floor.**
2. **Place your hand on your belly slightly below your rib cage.**
3. **Exhale slowly to a count of 5 and tighten your abdominal muscles.**
4. **Pause and hold for a few seconds.**
5. **Now, breathe in fully while expanding your belly and chest.**
6. **Pause and hold for a few seconds.**
7. **Repeat ten times.**

TIP

Make sure you can see if your belly is expanding and contracting while you do this exercise. You may experiment by putting a book on your stomach (if you're lying down) and watching it rise and fall.

Breathing to counteract big bad triggers

Occasionally, you may encounter a very, very strong craving set off by one of your triggers. You really want to smoke, but you've come so far, you really don't want to slip. This breathing technique is for situations like that. Take the following steps:

1. **Inhale through your nose, deeply and slowly to a count of four.**
2. **Hold your breath and count slowly to four again.**
3. **Exhale through your mouth, to a slow count of five.**
4. **While exhaling, make a soft hissing sound.**

   You can make it so quiet that no one around you can hear it.
5. **Repeat until your urge passes.**

REMEMBER

With practice, controlled breathing has been shown to decrease anxiety, reduce blood pressure, and improve mental acuity. Controlled breathing may sound simple, but it has a lot to offer your quitting efforts and more.

Giving yourself a pep talk

Perhaps you've heard of the term *daily affirmations,* in which you're asked to write down a series of brief supportive self-statements focused on your strengths, abilities, and positive outcomes. When we first heard of daily affirmations, they were the subject of Al Franken's Stuart Smalley comedy routine on *Saturday Night Live.* We thought they were as silly as they sounded. The routine went something like "I'm good enough, I'm smart enough, and doggone it, people like me."

However, as time has gone on, there are reasons for thinking that Stuart Smalley was on to something. Such daily affirmations may have value for a range of goals. There isn't strong evidence yet, but why not give them a try? Affirmations are easy to do, don't cost anything, and just may help. Try a few of the following, or make up your own:

- I'm happy to breathe fresh air.
- The more I practice, the more in control I can be.
- I am capable, and I will succeed.
- Healthy living is my priority.
- I can do this.
- I have a lot to look forward to as a nonsmoker.
- I am proud of my growing willpower.

TIP

If you like this idea, write a few affirmations down and include them in your stack of cue cards. Repeat them as often as you like. Can't hurt.

Rehearsing what to do

As you can see, we encourage engagement with your triggers — engagement accompanied by coping actions. One coping strategy is to anticipate a future situation that may trigger an urge for smoking and plan how you're going to handle it before it happens.

TIP

Think about situations that trigger your smoking urges. Plan to take an action or two to counter the craving. You may want to have something to do with your hands or something like gum to chew on. You could do some breathing techniques, or you may have some coping statements or affirmations. It's not a bad idea to have two or three actions ready to go.

Keeping Your Confidence Level in Check

WARNING

You got through a month smoke-free, but there's a lifetime of quitting to go. Fortunately, in the long run, it's a much-improved life. However, watch out for feeling overconfident. Unrealistic, overly optimistic expectations do many people in during this phase of quitting. You may believe that you've won the battle and start to let down your guard.

Think of confidence as a balloon. Not enough confidence is like a deflated balloon. Pretty useless. Without enough confidence, you're unlikely to gather up the strength to carry on. You need confidence to be able to get through these next months.

The right amount of confidence is like a properly inflated balloon. It's resilient. An inflated balloon can bounce and fly. That amount of confidence will serve you well. You know you're up to the task of quitting — even though it's hard.

Too much confidence, however, is like an overly inflated balloon — highly vulnerable to popping at the slightest touch. If you're overly confident, you may just burst at the touch of a trigger. That's because your overconfidence has made you feel *invulnerable.* When you start to struggle, overconfidence leads you to feel shocked and surprised. Such inflated expectations could even make you feel you could get away with cheating — just a few puffs or a cigarette or two should be no problem for you!

REMEMBER

So keep your confidence in check. Of course, you want to feel proud and capable — just not immune to urges, slips, and desires to cheat. Stay the course. You've done great so far, but remain realistic and prepared for more tussles with triggers.

Knowing What to Do When Your Willpower Wanes

Think of willpower (or self-control) as a muscle. You can exercise your willpower regularly and build it up. You can also carelessly deplete it if you don't manage willpower carefully. Willpower becomes exhausted, like a fatigued muscle when you don't get enough sleep or experience excessive stress. Willpower also needs to be fed a healthy, balanced diet to keep working. A hungry, tired body results in weakened willpower.

REMEMBER

Willpower is required to resist temptations like smoking. Willpower helps you manage your emotions and thoughts about almost everything, including smoking cessation. It can also focus your energy on seeing an arduous task to completion, such as the gargantuan undertaking of giving up an addiction.

Also, realize that people tend to run low on willpower at certain times of the day. Late mornings and late afternoons are especially problematic because the body's glucose levels tend to be at a low ebb as the length of time since eating increases. Therefore, gird yourself for those times and be prepared to deal with increased urges. Consider a small snack at those times as well.

TIP

In other words, it's important to respect willpower. Everyone has some, and no one has it in unlimited amounts. Because it's not unlimited, you must decide to manage or parcel out your willpower throughout your day.

Recharging willpower

TIP

If you habitually run out of willpower when you need it, there are a few things you can do to rebuild your willpower muscles. The following suggestions will help you maximize your willpower reserves:

- **Don't do everything at once.** If you're quitting smoking, don't go on a difficult diet regimen at the same time — save that for later.
- **Make sure you give yourself enough time for sleep.** A tired body is a willpower-depleted body. (See Chapter 9 for ideas.)
- **Eat small, healthy meals and healthy snacks throughout your day.** Your body's glucose supply provides fuel for your willpower reserves. Keep those levels as even as you can.
- **Start making regular use of to-do lists.** These take important tasks off of your mind — what psychologists call *decreasing cognitive load.* When tasks are put on paper, you no longer have to spend so much time worrying about them.
- **Organize your work and personal spaces.** Studies have shown that self-control or willpower *increase when clutter decreases.* Good organization wastes less time and takes less brain power to manage. If you're a flat-out terrible organizer, ask a friend for help or hire a professional organizer. Work hard to keep it up — it will cost you far less in the long run if you do.
- **Keep track of your success.** Count how many cigarettes you didn't smoke each day and tabulate how much you're saving. Even if you slip up, you'll be able to see the progress you've made and feel inspired to get back on track.
- **Take time to relax and have fun.** Watch a comedy show, go for a short hike in a park, take up a hobby, or stroll outside on a nice day. Recharge your batteries frequently.

Rewarding willpower

You can also increase your willpower reserves by rewarding yourself regularly for exerting good self-control. You don't want willpower to be a drudgery in which you constantly deny yourself. Willpower needs to be rewarded for a job well done, just like you do.

TIP

Steadily reward your willpower for achieving smoke-free days. Then plan for larger rewards for smoke-free weeks and, finally, months. Have a party after a smoke-free year. Don't be cheap! You're saving a fortune in the long run, not to mention saving your life.

Recognizing Problematic Emotions

Some smokers who want to quit have a history of emotional difficulties such as anxiety or depression. These problems may worsen with the additional stress of quitting. That doesn't mean you shouldn't try to quit! But it does mean you have something extra to attend to.

TIP

In the long run, quitting smoking will improve your mental health.

Other smokers have no history of anxiety or depression, but they acquire one or both problems when they try to quit. It's kind of like a side effect of quitting for them.

Studies tell us that if you have a problem with anxiety or depression when you're trying to quit smoking, your risk of relapse rises. That's why, in the next two sections, we provide you an overview of what anxiety and depression look like so you can recognize them. Then we give you an idea of what sorts of treatments are available to help with these problems.

REMEMBER

All human beings experience anxiety or depressed feelings now and again. That's normal. What makes these disorders problematic is when they reach the level that they persistently interfere significantly with your day-to-day living (at work, home, and play).

Analyzing anxiety

Many people report that smoking or vaping nicotine relaxes them. So when they feel tense or anxious, they indulge and feel better.

And most people who quit smoking feel increased tension, stress, and anxiety, at least for some period of time after quitting. That's because nicotine withdrawal increases anxiety in the short run. Those feelings are normal and usually improve over the first couple of months of quitting.

But, for some, anxiety lingers and interferes with sustained smoking cessation success. Not only can anxiety mess up your quitting efforts, but it can also get in the way of daily life. If that happens to you, it's entirely possible that you're suffering from an anxiety disorder. About one in four people experience a full-blown anxiety disorder at one point or another in their lives.

There are various types of anxiety disorders. In this section, we cover some of the most common along with a brief description.

WARNING

These brief descriptions of anxiety disorders are not intended for you to diagnose yourself. However, if you think you may suffer from one or more of these problems, start by seeing your primary care doctor who may recommend that you see a psychologist, psychiatrist, counselor, or social worker.

Review the following list of anxiety problems to see if you think any may apply to you:

- **Generalized anxiety disorder (GAD):** GAD is considered the common cold of anxiety. It's characterized by excessive worry and apprehension that interferes with your life. It occurs more days than not. People with GAD have problems concentrating, feel restless, and on edge.
- **Social anxiety disorder:** People with social anxiety disorder are fearful about rejection and negative evaluations from other people. They may avoid social situations, even when those situations may be important. Former smokers often report that social anxiety increases when they're unable to reach for a cigarette.
- **Panic disorder:** Panic disorder involves an eruption of intense, unexpected fear and discomfort. This fear and discomfort frequently involves a pounding heart, shortness of breath, chest pain, dizziness, and other symptoms that mimic a heart attack. People with panic attacks should work closely with their physician and therapist to learn how to manage their symptoms without making excessive,

unnecessary trips to the emergency room. The good news is that panic attacks are highly treatable.

- **Agoraphobia:** Agoraphobia is characterized by intense fear or anxiety about situations that involve being in open spaces, being trapped in places with no easy exit (theaters, shops, and so on), being in crowds, and having to be outside the home. Frequently these people fear not being able to escape, being embarrassed, or being unable to find help. Panic disorder often accompanies agoraphobia.
- **Specific phobias:** These involve extreme fear or anxiety about an object or situation such as flying, traffic, seeing blood, snakes, spiders, heights, or certain diseases. People with phobias go to great lengths to avoid coming into contact with their feared object or situation. Their fear is way out of proportion to the actual danger.

If you think you may have one or more of these problems with anxiety, refer to the section "Treating anxiety and depression," later in this chapter.

Detecting depression

Depression disorders, like those of anxiety, come in a variety of categories. But these different types are more difficult to sort through for the average layperson. What really matters to you are the symptoms of depression in general. These symptoms include the following feelings:

- Sadness
- Emptiness
- Hopelessness
- Worthlessness
- Lack of purpose
- Inability to feel pleasure

In addition, depression may be in play if you

- Have a sudden, unexplained weight loss or gain
- Have trouble sleeping too little or too much
- Feel very agitated

- Have a lack of energy
- Have unwarranted guilt
- Experience changes in appetite
- Have problems thinking and concentrating
- Experience lowered interest in pleasurable activities
- Have recurrent thoughts of death

WARNING

If you have any suspicion that you could be depressed, especially if you have thoughts of suicide, please seek help immediately. Call 911 or the national suicide prevention lifeline at 800-273-8255. Depression can be a serious, deadly disorder. Fortunately, it's also treatable.

Treating anxiety and depression

Your odds of succeeding at smoking cessation are greatly enhanced if you get help for your anxiety and/or depression. These disorders are highly treatable, often without medications.

There are two major treatment types to inquire about. These are the most heavily researched and supportable as effective at this time. Other therapies may also be beneficial, but not as common and widely available. If you're offered a different type of therapy, ask what the evidence says about its efficacy. You're far better off in most cases to seek empirically supported treatments.

The two approaches we suggest you inquire about are

- **Cognitive behavioral therapy (CBT):** CBT involves teaching you new ways of thinking about events, which, in turn, usually improves how you feel and lifts your moods. It also entails changing behaviors in a systematic way. CBT has been widely studied and supported as highly effective in treating both anxiety and depression.
- **Medications:** Some medications have been studied and found to be effective in treating both anxiety and depression. We usually recommend trying CBT first because it will teach you lifelong skills that can help prevent relapse. If you choose to try medication first, consider seeking therapy at the same time. Talk to your healthcare provider. (Chapter 5 covers medications designed to help specifically with smoking cessation efforts.)

Quitting smoking increases stress for most people. Increased stress can lead to a greater susceptibility to emotional problems such as anxiety and/or depression. Don't ignore an uptick in difficult emotions. Early treatment works better and more quickly. Ignoring difficult feelings could lead to a relapse. You have too much to lose. For more help and information, consider reading *Overcoming Anxiety For Dummies* or *Depression For Dummies,* both compliments of yours truly (and published by Wiley).

Pumping Up Exercise

During your first weeks of quitting smoking, we encourage you to baby yourself. Basically, do whatever you need, whether it's eating a bit too much, binge-watching television, or getting daily massages, just get through this time without smoking or vaping.

But now, as the strongest urges and cravings pass, it's time to get moving. You know the benefits of exercise, but just in case you don't, read Chapter 2, which summarizes them for you. With smoking cessation, exercise improves your health, gives you a nice strategy for battling urges, and helps keep your weight under control (see Chapter 12 for more information about controlling weight when stopping smoking).

The key is to start slowly. Respect that your willpower reserves are limited. Begin with a short, ten-minute walking routine. Gradually increase the duration and pace of your walks. If you watch TV, get up during commercials and walk around your living room. We highly recommend getting an activity tracker to give you feedback on how you're doing — they're amazingly motivating.

TIP

Consider surveying all your exercise options to find a type you especially enjoy — including walks, weight lifting, yoga, dance classes, aerobic classes, or running. Find a partner to team up with if you can.

Looking Forward to Fading Nicotine Replacement Therapy

Too many people quit NRT prematurely. Most people should stay on NRT for 12 weeks or more. As your urges decrease, simply decrease your use of NRT very gradually. If urges increase with

decreased NRT, consider upping your dose of NRT for a while. (See Chapter 5 for more information about NRT and medications.)

Although NRT has been established as a safe and effective way to increase smoking cessation success, many people don't use it correctly, thereby decreasing its effectiveness. People have erroneous beliefs and worries about NRT, including the following:

- **I don't want to get addicted to NRT — what's the point?** Studies tell us that NRT is much less addictive than smoking, for a variety of reasons, and it's easier to discontinue too.
- **It's just not working for me — I still have urges.** You may be taking too little NRT; many people do. Consult with your physician about dosage possibilities but realize that most people can take fairly high doses of NRT without excessive side effects. You can probably add an additional piece of gum or two or even another patch. You also may be relying too heavily on NRT for your quit plan. Strongly consider turning to your support system and reviewing your quit plan for strategies that you haven't used enough. If you continue to struggle, consider adding an additional medication, such as varenicline or bupropion.
- **The side effects are too uncomfortable.** Side effects from NRT usually soften with time. If your sleep is impaired, consider removing the patch at night. Take care to slightly reduce your use of oral products. Are you greatly exceeding the recommended doses? If so, pull back a bit. Sometimes people chew the gum too forcefully and long; if that's you, be sure to follow instructions that come with gum and lozenges. You can also consider changing brands of NRT; that seems to help some people who experience side effects.
- **I prefer to do things without help from chemicals.** Well, that sounds okay. But you need to appreciate that nicotine is a chemical, and most forms of smoking tobacco contain nicotine and upwards of thousands of other chemicals. Even vaping comes along with flavorings and sometimes unknown additives that may cause yet-to-be determined amounts of harm.
- **It costs too much.** We hate to say it, but there's some intense rationalization going on here. As costly as NRT is, it's more affordable than cigarettes, especially over the long term. However, you can get help with the finances by calling 800-QUIT-NOW (800-784-8669), which can sometimes refer

you to sources of subsidized help for purchasing NRT. In addition, generic brands from big-box stores or drugstores are another option. Many insurance plans will cover NRT with a prescription. Some states also provide free NRT through Medicaid or the health department.

- **I caved and smoked a cigarette, so I stopped my NRT.** You can still use NRT after a lapse. In fact, keeping up NRT may help you keep your lapse from becoming a relapse (see Chapter 11 for more information about lapses and relapses).
- **I'll never get off it if I start.** Even in the very unlikely event that you never get off NRT, your health will improve greatly as compared to what it would be if you continue to consume tobacco.
- **I read that you should stop at 12 weeks and that's now.** Use NRT until you're able to handle smoking triggers without intense cravings. Many people continue to use gum or lozenges for urges long after the recommended 12 weeks. If you're concerned, ask your doctor for advice.

Staying Vigilant Beyond Six Months

After six months of not consuming tobacco, you have every right to feel you've overcome your addiction. Good for you! Unfortunately, that's not quite the case for many people. Studies tell us that the risk of relapse lingers on past a year for some. In fact, the potential for relapse never completely disappears.

That's not cause for terrible concern, however. It's not as though cravings continue to feel frequent and intense. It's just that it's easy to let down your guard. When you do that, your risk of relapse shoots up.

No one knows for sure how to prevent such long-term relapses, but we have a few thoughts on the subject. See Chapter 11 for information on bouncing back from relapse. Meanwhile, keep up the fight! Good luck!

IN THIS CHAPTER

- Looking at lapses
- Gaining from lapses
- Getting through lapses and relapses

Chapter 11
Recovering from Lapses and Relapses

With a good bit of luck, you'll be able to skip this chapter. That's assuming you manage to quit smoking or vaping, and never slip up. You succeed at quitting and never look back.

But we're realists. The truth of the matter is, most quitters slip and slide a bit along the way. How you deal with those slips makes all the difference in the world. One way to deal with your slip is to transform it into a temporary lapse. After that short lapse, you get right back on the path to quitting and recovery.

WARNING

Too many times, a lapse evolves into a relapse. That's the danger of lapsing. One puff quickly causes urges and cravings to surge and, suddenly, you're smoking again.

In this chapter, we help you deal with possible lapses and give you the tools for preventing the slip from sliding into a full-blown relapse. But if a relapse occurs despite your efforts, we show you how to recover and move on from that and get back to quitting again.

Deciding to Lapse

Lapses are shorter and less serious than full-blown relapses. Knowing the subtle differences between these two concepts helps quitters quickly get back on track. A *lapse* may involve taking a few puffs off someone else's cigarette or vape pen, or even bumming a couple of smokes at a party. By contrast, a *relapse* occurs when the smoking behavior returns to a regular pattern similar (but often somewhat decreased at first) to the pattern that existed prior to the quit attempt.

Lapses often occur in situations in which you've unexpectedly or inadvertently lost focus and dropped your guard. Quitting smoking is not in the front part of your brain for some reason. Lapses often occur when you're around other smokers or when drugs or alcohol decrease your inhibitions. Another lapse-triggering situation is when you experience an uptick in strong emotions such as joy or despair. The emotions distract you from the rational part of your mind and — *voilà!* — a lapse occurs.

REMEMBER

Much as this description sounds like something overtakes you in an automatic, unconscious way, it's also important to realize that all lapses actually involve *decisions.* You're only fooling yourself by having thoughts like the following:

- I couldn't help it.
- I did the only thing I could.
- I did what anyone would've done.

The truth is, you made a quick calculus of your situation and decided it would be acceptable to smoke. At that point, you're not considering the alternative and the implications of your choice. Understandable to be sure. But it helps to realize it's always a *willful, active, conscious* decision to smoke. That's because viewing lapses as conscious decisions helps you recognize that you have more control in these situations than you think you do.

TIP

If you feel a sudden, quick urge or craving to smoke, grab hold of yourself and pause the process. Ask yourself if this is the decision that you truly want to make. If you decide to go ahead and indulge, at least you know you controlled that decision. That makes you realize that you can control other situations by deciding *not* to cave into your urges.

TIP

If you lapse, consider what circumstance set things off. Whether it was a stressful event, a party, or something else from your trigger list, take note of it. Decide how to manage the trigger in a better way the next time it happens. Review what has worked for you to manage that trigger successfully in the past.

REMEMBER

In the future, instead of automatically giving in to an unexpected trigger, remember to hit the pause button. Think, think, think.

Profiting from a Lapse

Now you know what a lapse is and its more serious cousin, a relapse. Although lapses and relapses happen, they aren't desirable. But, as they say, you can always make lemonade from lemons. In other words, use lapses or relapses as opportunities to improve your coping skills.

Two lessons you can learn from a lapse are how to deal with rationalizations and how to dispute common faulty myths about smoking urges. Rationalizations give you permission to lapse in response to specific situations. Myths are more general beliefs about the nature of urges.

Rationalizations and myths are both dangerous and set the stage for lapsing and relapsing. By disputing them and using logic and rational thinking, you can regain momentum for your quit efforts.

Rationalizing and excuse making

Lapses involve rationalizations that move you toward saying yes to a temptation. Your thoughts try to justify a brief lapse. If you've had a lapse by now, you no doubt contended with one or more of these rationalizations, whether you thought about it or not.

The following rationalizations are common excuses for a lapse. When you believe these rationalizations, they lead to more lapses that will undoubtedly lead you to a relapse. Then you must start over. Instead, use your logical mind to answer your rationalizations.

Next, we give you some samples to consider, accompanied by a logical, rational perspective for each. Feel free to think of additional rational thoughts you can use to counter your most

common rationalizations. When you come up with your own rational thoughts in response to a smoking trigger, write them on paper or a device.

- **I couldn't say no when my friend offered me a vape.** The truth is, you can tell your friend, "No, thanks." It's not like you're obligated to do everything a friend asks you to do. If you were horribly allergic to peanuts and your friend offered you a peanut butter cookie, would you eat it? Try explaining that you're working hard to quit vaping and you want to keep with your game plan.

  If your friend pushes you, stick to your guns. You don't want your life to be dictated by peer pressure, do you? The point is to take charge of your own life — don't be obligated to substances or other people.

- **I just wanted to feel good for a little while; I've given up so much.** Yes, you *have* given up a lot. It's natural to want to feel good for a while. The problem with this sort of thinking is that short, temporary pleasure will come to an end. You'll be left feeling guilty and having increased urges and cravings.

  What are some other things you could do to feel good? How about watching a movie, taking a long hike, or eating an ice cream cone? Experiment and find out what works for you.

- **It was my birthday (or other celebration).** Yes, and, in a sense, you do "deserve" a cigarette on special occasions. But is that truly what will make you feel better? Will it only be just one? Will your cravings go up or down after a lapse like this? You know the answers. You're going to experience stronger urges. You're only kidding yourself with this justification.

  Celebrations of all sorts feel like times to indulge. But if you do, you're likely to feel worse. On the other hand, if you don't give in, you have even more to celebrate! Another success.

- **It was a horrible day.** True. No one is going to deny that you have horrible days from time to time (we all do). The more horrible the day, the more you want to indulge.

  Think carefully about where that goes. How will you feel if you cap off that horrible day with cheating? And now, think how you'll feel if you end the day with a success.

- **I got sick.** Sorry to hear you came down with something. There's no time like being sick that makes you want to find comfort however you can. That desire goes back to when you were a kid. It's a tough habit to break. But one of the main reasons you're quitting is to get healthy and not be sick so often. Adding more toxins to your already sick body doesn't really work out too well, does it?
- **I was involved in an accident.** Gosh, that's horrible. Accidents can really shake a person up. And when you're shook up, it's tempting to turn to your old friend — tobacco. It calms you down. Gives you something else to focus on. We get it. But instead of reaching for a smoke, try some deep breathing or even that emergency stash of NRT gum you keep around.
- **The traffic this morning was unbearable; I couldn't take it.** Yes, heavy traffic can send the strongest people over the edge. Sometimes it feels like you're navigating a minefield with explosions ready to go off without warning. Have you ever managed to get through a stressful time without lighting up or vaping? How did you do that?

  Remember that you've learned a few tricks on how to manage cravings already, such as calling a friend or chewing a piece of gum. And by the way, caving to temptation won't make the traffic go away.
- **I found an old cigarette in my drawer at work; how could I not smoke it?** Sure. How do you pass up something free that's right in front of your face? It would only be one after all.

  Are you having thoughts like these? Once again, how will you feel later? Better about yourself and with fewer cravings or just the opposite? You know the answer. Take that cigarette and squash it as hard as you can. Toss it in the garbage can. Then pat yourself on the back.

When you're dealing with rationalizations like these, recognize that they truly are illogical. The rationalizations are just trying to clear the path for you to return to your old behaviors. You've been working hard to quit. Don't let rationalizations derail your efforts. Use them productively instead. Listen for rationalizations and prepare to use logical answers to refute them.

TIP

You have enough willpower to quit successfully. You have the skills to work through urges. If you want more information on how to manage willpower, see Chapter 10.

Rethinking myths about urges

Many people believe faulty myths about their own ability to withstand the inevitable frustration of quitting smoking. These myths can make it easier to lapse and then, when the frustration increases, relapse. Therefore, it's important to explore the deeply flawed ways of thinking about urges and rigorously dispute them. Then you'll want to replace these myths with rational, reasonable perspectives.

- **Urges are unbearable — I can't stand it.** Humans love to say they can't stand things that they really can. You've handled numerous urges in the past. For example, we're pretty sure you don't eat every dessert you're offered. You also don't hit everyone you're mad at (we hope). And you've given up your addiction at least for a while. And you're still alive. Evidence says you did and can stand it, unpleasant though it may be. Besides, most serious cravings don't last for more than a few minutes.
- **I must use when I have an urge.** Obviously, this belief also belies reality. Can you imagine a world in which everyone acted on every urge and the resulting chaos that would ensue? People routinely running red lights, having sex with anyone they found attractive, eating and drinking with abandon . . . you get the idea. Living in a civilized society requires a reasonable amount of self-control. You have more than you think.
- **Unsatisfied urges are the worst thing anyone ever has to deal with.** In reality, as hard as it is, there are many more exquisitely difficult challenges to deal with compared to holding off urges. Think about what it's like to deal with the unexpected loss of a loved one, serious chronic pain, or the loss of a home to a natural disaster. The next time you think how horrible your urge is, consider comparing it to some of life's truly difficult challenges.
- **The urge will never go away unless I cave into it.** The urge will go away whether you cave into it or not. Next time you think an urge will never go away, try rating its severity on a

scale from 1 to 10 every 30 minutes. You're likely to see significant variability and, eventually, a big reduction if you resist it.

- **I don't have enough willpower to deal with my urges.** As discussed in Chapter 10, willpower is much like a muscle. You can gradually strengthen your reserves if you routinely work out. That means the more you successfully use your willpower, the stronger it will get.

Challenging myths about urges and rationalizations help you stand up to lapses or the inevitable temptations following a lapse. The good news is that lapses do not always lead to relapses. That doesn't make them okay — it's the extremely rare person who can occasionally lapse, smoke a few cigarettes once in a while, and not eventually relapse.

REMEMBER

Most people who lapse struggle with increased urges for a while. That's how addictions work. If you're one of those extremely rare people who can indulge now and then, you probably wouldn't have become addicted in the first place. However, we don't recommend giving into urges in order to determine if you're one of those rare folks who can get away with occasional lapses.

Realizing When a Lapse Is a Relapse

Alas, sometimes, despite your best efforts, lapses, indeed, turn into relapses. You lapsed, cheated once, then started to use more — the beginning of a relapse. So, is there a way to determine whether you can quickly climb out of that emerging relapse and return to your quit plan?

We have two concepts to consider in the following sections. The first one, drifting, involves catching subtle changes in your quitting action plan. The second concept shows you how to snuff out smoke before it bursts into flames.

Drifting from a lapse into a relapse

Your personal quit plan (see Chapter 7) probably has a series of activities that you use to avoid triggers and fill up your time without smoking. Your plan may have included increasing healthy activities such as exercising, exploring new types of recreation,

relaxing regularly, spending time with a support group (online or in person), or engaging in social activities that don't involve smoking.

Frequently, it's those activities designed to support change that begin to fade away before lapsing turns into a habit itself. This tendency to lose focus on activities that you put into place to help support your quit plan is called *drifting.*

Drifting starts slowly. You may find looking at your quit-smoking app less interesting and start ignoring it. Or you may find more reasons not to go to the gym — like all that annoying traffic, you need the time for other things, or you just don't feel like it.

Excuses pile up and you end up having more time on your hands. What better way to deal with that time than by smoking just for tonight? Then, tomorrow, you say yes to an invitation to happy hour, which you know will involve your former smoking friends. You're drifting into a relapse.

REMEMBER

You can catch the lapse turning into relapse cycle if you pay attention to drifting. It's the loss of quit-supporting activities that serves as your best warning sign. Review your quit plan regularly. Don't forget that quitting requires vigilance for many months and sometimes years. You'll be glad you did.

Just because there's smoke, doesn't mean there's fire

Even after months of quitting, former smokers are at risk for relapse. A brief lapse is usually what precedes a relapse. The smoker who lapses feels guilt, self-doubt, and a reduced sense of confidence. Those feelings can lead the lapsed smoker into the jaws of relapse. That happens because the smoker has the belief that he messed up and might as well forget the whole thing and go back to smoking.

Psychologists love coming up with names for phenomena that mean something to them, but hardly anyone else. In the addictions field, they created what they call the abstinence violation effect (AVE). What does that mean anyway? We prefer to call it the "I blew it" effect. The "I blew it" effect takes what could be a learning opportunity and turns it into a self-fulfilling prophecy; in other words, it becomes true because you think it will. A few thoughts indicative of an "I blew it" effect include the following:

- I might as well keep on smoking because I've already cheated.
- I blew it this morning, so I might as well consider this a relapse day.
- This failure means I don't have the willpower to quit.
- It's horrible to cheat; I can't do this.

If you find yourself ensnared in the clutches of an "I blew it" effect, it's important to view a lapse merely as a mistake, a mistake to be learned from. It's not a good reason to give up. And it doesn't mean you're a failure. Instead, lapses make you human. So instead of considering a lapse an "I blew it" effect, think about it as an unwanted experience to grow from. Ask yourself the following questions if you have a lapse and begin to think of it as an "I blew it" effect:

- What can this lapse teach me?
- What new coping strategies can I bring into play?
- How will I react differently if I happen to have another lapse?
- What's a better way to respond to the trigger that caused my lapse?

Many people fall prey to the "I blew it" effect, but few realize that it's happening at the time. Jack's story (see the nearby sidebar) illustrates what commonly happens and how to change an "I blew it effect" into an opportunity for strengthening resolve.

Moving On from a Relapse

The good news about starting a fresh new attempt at quitting after a relapse is that you already have skills and strategies from your previous quit attempts that you can use again. But this time, you know what worked and what didn't. Go back to your personal quit plan and tune it up based on that knowledge.

REMEMBER

It's totally unhelpful to dwell on your relapse. Don't engage in self-abuse or criticism. Like millions of smokers, you had a slip-up. And like millions of smokers, you can try again. Maybe this time you'll be successful. Meanwhile, remember that every cigarette that you didn't smoke during the time you quit is a healthy victory.

Your odds of success do nothing but increase if you let the relapse instruct you. Table 11-1 gives you some examples of how your relapses can lead to specific changes in your personal quit plan for the next quit. Review our sample examples, and then do your own.

TABLE 11-1 Learning from Relapses

Reason for Relapse	Changes to Your Quit Plan
Intense restlessness, poor focus, headache from nicotine withdrawal.	Consider adding NRT or increasing your dose.
Running into unanticipated triggers and now knowing what to do.	Ask your support team for ideas about other possible triggers you haven't thought of. Add these new triggers to your plan and come up with strategies to deal with them, such as breathing techniques, rehearsal, or avoiding them.
Finding your motivation diminishing.	Conduct a cost–benefit analysis of smoking (see Chapter 4). Note the importance of the costs and the benefits more than the actual number of each. If the costs outweigh the benefits, consider beefing up your personal quit plan, especially your plan for rewarding yourself for not smoking.
Feeling overwhelmed by strong emotions like anxiety or sadness.	You may need more help from a mental health professional. See Chapter 10 for information about anxiety and depression and treatment.
Noticing a weight gain of 9 pounds in three weeks.	Review your reasons for quitting. Consider adding strategies for exercising more and gaining control over diet and eating. Appreciate that you're in this for your long-term health, and the weight gain can be mostly a short-term issue. See Chapter 12 for ideas on controlling weight issues.

In the first column, jot down your best ideas for what may have caused you to relapse. Anything at all qualifies, including motivational issues, symptoms you found problematic, and triggers. In the second column, put down changes to your personal quit plan that could address these problematic issues. (See Chapter 7 for ideas to include in your plan.)

Consider this exercise as a foundational piece of your recovery. After you figure out what went wrong, consider what went

right; in other words, decide what strategies you want to retain or strengthen.

Getting Some Final Tools for Battling Lapses and Relapses

Earlier in this chapter, in the "Deciding to Lapse" section, we discuss the fact that lapses (and the relapses they too often lead to) are active, conscious decisions. As much as you'd like to blame something or someone else, the ultimate responsibility of lapsing resides within you — not that we're recommending harsh self-criticism (everyone makes mistakes), but taking ownership of mistakes gives you more control to fight off impulses.

The following questions may help you pause and make better, more rational decisions. Consider writing them on a card or in an app on your phone and carrying them around. Take a look and answer them before you decide to cheat or lapse. Again, the goal is to make your decisions more considered, conscious, and deliberative.

- How will this decision affect me in good or bad ways?
- If I decide to take this short-lived few minutes of pleasure, what's the long-range future effect on my health?
- Will this brief pleasure justify the feelings I'll have later?
- How will I feel about this in a few hours? Tomorrow? Next week?
- Will this transgression interfere with my long-term life goals? If so, how?
- How long will it take for me to feel bad about this decision if I decide to vape or smoke?

TIP

The temptation of smoking is extremely difficult to resist. The war can be won, but you may lose some battles along the way. Be strong. Fight. Be smart. Win by owning your decisions. Start today!

IN THIS CHAPTER

- Getting priorities straight
- Writing down everything you eat
- Challenging unhealthy food thoughts
- Figuring out what to eat

Chapter 12
Dealing with Weight Gain

Lots of smokers say they smoke to keep off weight. Nicotine increases metabolism and helps burn more calories. In fact, for most people, the increased metabolism due to nicotine burns about 200 extra calories a day. That's the equivalent of a glazed donut every day. Smoking also decreases appetite and provides something to do with your hands and mouth that doesn't involve eating food. Thus, current smokers weigh about ten pounds less than nonsmokers.

Those who quit smoking generally gain up to ten pounds, mostly in the first six months. This gain varies, and smokers who start out either underweight or overweight tend to gain the most. People who quit smoking often reward themselves with a bit of extra food. We endorse that. Go for it, that is, for the first couple of months after quitting. After that, it's time to turn your attention to healthy eating.

REMEMBER

Don't lose sight of the fact that smoking is absolutely more harmful to your health than carrying around some extra weight. At the same time, in the interest of honesty, you should know that weight gain following smoking cessation does erode some of the health benefits of quitting.

In this chapter, we help you consider your priorities and set realistic goals regarding weight gain associated with smoking cessation. We stress the importance of monitoring what you eat. Then we lay out a plan for how to rethink your relationship with food and food cravings. Next, we give you some basic tips on nutrition. Finally, we discuss how to boost your metabolism and maintain your motivation.

Prioritizing Health First and Setting Realistic Goals

This book's priority is to help you quit smoking first and foremost. Hopefully, you're reading this chapter because you've accomplished that goal. Now, you're appropriately concerned about putting on too many pounds. We're glad you're here.

You probably already know how to lose weight: Eat less and exercise more. If it were that easy, there wouldn't be a multibillion-dollar weight-loss industry, and everyone would fit into their skinny jeans.

Start by making a commitment to lose weight. Decide how much you want to lose, but don't get excessively ambitious here. Don't consult a chart of your "ideal" weight and make that your goal if you've never been close to that your entire life. Consider changes as small as 5 percent of your body weight — losing that amount can improve your health significantly.

After you've decided on your goal, give it plenty of time and go slow. Don't go on a starvation diet — they sometimes work for a short spurt, but rarely over the long haul. That's because starvation diets actually slow down your metabolism so you burn less calories. Most people should not attempt to lose more than a pound or two a week, and a little less can be a reasonable goal as well.

REMEMBER

If your new eating plan stalls, vow to stay away from smoking or vaping. You've already proven that you've got what it takes to do something quite difficult. But just as quitting smoking often takes people multiple attempts, the same goes for adjusting entrenched eating patterns. Keep at it, try new things, and don't give up.

Keeping Track of What You Eat

Monitoring your intake of the foods you eat and your weight doubles your chances of successful weight loss. That means that you create a food journal and write down what and how much you eat of everything. We mean *everything.* If you cheat and don't write down a few items, you're only cheating yourself.

Keeping track of food intake alone helps you lose weight — without even trying to reduce calories. But it helps only if you're totally honest. That means every piece of chocolate, every drop of soda, and every stick of gum. The reason that monitoring works is that people do less *mindless* eating when they realize that they must write down every bite.

TIP

You probably want to monitor a few other things like body measurements, weight, and amount of exercise. Weigh yourself every day at the same time. Remember that a few fluctuations will occur due to water retention and other variables, but it's the trend that matters over time.

TIP

Start monitoring before you change your eating habits. You can take your time before implementing a calorie-cutting plan. But there's every reason to start monitoring right away. Tracking sets the stage for everything else, and it subtly starts changes in eating all by itself.

If you also choose to calculate your caloric intake, there are apps for helping you make that task less of a chore than it used to be. Those apps also include strategies for keeping a food diary.

WARNING

If you engage in what's known as *binge eating,* you'll have a lower chance of success with quitting smoking, as well as managing your weight. If you frequently eat especially large quantities of food to the point of distress and shame, this problem may apply to you. We suggest you consult with your primary care physician or a mental health professional about the possibility of a binge-eating disorder.

Rethinking Food and Dieting

The change strategies throughout this book are based on cognitive behavioral therapy (CBT). That holds for our approach to food and eating as well. An especially important component of CBT involves helping people understand that the way they think about things greatly affects how they feel and react.

In this case, the way you think about triggers for food cravings affects how you'll respond to them. You have many choices for the ways you respond; this approach nudges you to consider alternative thoughts and behaviors. Distorted thinking about food quickly leads to making poor, self-defeating choices.

TIP

Distorted thinking is the mind's way of trying to get what it wants by convincing you to take a path that's based on emotions, inaccurate perceptions, and short-term desires over reason, logic, and what's best for you. Most people have a long habit of basing their responses and actions on such distorted thinking. When you're aware that many of your thoughts are distorted, you have the option of changing your thoughts, and your actions will follow.

Table 12-1 displays ten particularly common distorted thoughts about food and weight management followed by more rational, logical, and evidence-based thoughts. Consider writing down any of these distorted thoughts that resonate with you along with their more rational responses on a 3-x-5 card to carry around with you. Read them over whenever you hear them in your head.

TABLE 12-1 Ten Distorted Tempting Thoughts and Rational Alternatives

Distorted Tempting Food Thought	Rational Alternative Thought
I ate a donut, so I've blown it and I might as well eat whatever I want today.	I ate a donut, that's all. That doesn't mean I have to double down and blow the whole day.
I've never succeeded at dieting. Why would this be any different now?	I never succeeded at quitting smoking until now. So I guess it's never too late to learn something new.
I'm overwhelmed. I'll eat now and deal with the consequences later.	Yes, I'm feeling overwhelmed, and I'll feel even worse if I eat. I'll try a walk instead.

Distorted Tempting Food Thought	Rational Alternative Thought
It's my birthday, and I can eat whatever I want to.	Sure, it's my birthday. My gift to myself will be to have a small slice of cake and stick to my plan for the rest of the day.
I can't go on a vacation. I always gain weight because I always overeat.	Yes, I usually overeat on vacations. On this vacation, I'm going to keep my exercise up so I can eat just a bit more. It's not all or nothing.
I'm so lonely/angry/stressed/bored that I need something comforting to eat.	I'll feel even worse if I always cave into difficult feelings. It's time to try something different, like reading that great book I have.
I'll get back to my plan when I feel like it, probably in a couple of days.	It won't be easier in a couple of days. I'm just making excuses for eating what I want.
I can't turn down a food sample at the grocery store. It's *free* for gosh sake!	Free doesn't mean calorie-free. Every little bit counts.
If I don't eat these cookies, my friend will feel insulted.	How about I take these cookies down to the local fire department? They always want food. I can let my friend know how much they enjoyed them, and why I didn't eat them.
I can't stand the cravings. I have no self-control. It's horrible.	I thought I couldn't stand smoking cravings, but I've learned to. I can do the same with food and gradually improve my tolerance.

We're guessing you found several (or more) distorted thoughts that feel familiar to you. And you probably have various other distorted thoughts that get in the way of sticking with your eating plan. For dealing with those, we have a list of questions to consider subjecting your distorted thoughts to:

- Can I think of evidence that would contradict this thought?
- If my friend told me this thought, what advice would I give?
- Has this thought ever not been true in the past?
- Are there any more balanced alternatives to this thought?
- How will I feel if I act on this thought as opposed to a different thought?
- Am I just kidding myself with this thought?

- Is this a temporary, fleeting thought that may go away if I just wait it out?
- Would I think about this thought differently if I were in a better mood?
- Is there a way to test out this thought with an experiment?

TIP

You don't have to provide full answers to all these questions — two or three is usually enough. Just use them to confront your distorted thinking. Consider writing a new, more rational alternative thought based on this confrontation. You can also write your distorted thoughts on one side of a 3-x-5 card with your rational, alternative thought on the other side for easy reference.

REMEMBER

Thoughts are just thoughts. They can be accurate or not. Just because you think something doesn't mean it's true. Start a brand-new habit of questioning your thoughts and developing rational, alternative thoughts to guide your behavior.

Figuring Out What to Put on the Table

After years of putting a cigarette in your mouth, it's understandable that you've been putting a bit too much food in your mouth to replace the cigarette. We didn't try to dissuade you; in fact, we gave you permission to indulge in a bit of ice cream during the early stages. So now you have a few extra pounds to deal with. Don't worry, we're here to help. Read what we have to say next, and then slowly implement changes in your eating habits. At least it's not cold turkey — you can still eat!

TIP

The good news is, we don't want you to start cutting calories right away. First, focus on making your food healthy. Sometimes that alone starts a slow, easy weight loss. If not, we recommend a variety of simple, small cuts for you to choose from. It won't be as bad as you think.

Starting with nutrient-dense food

Managing weight starts with improving the *quality* of what you eat more than the *quantity*. The goal is not to deprive yourself and walk around hungry all day! Healthy eating will give you more energy, improve your looks, and keep your weight under better

control. A healthy diet is rich in nutrient-dense food. Nutrient-dense foods have these characteristics:

- Lots of vitamins and minerals
- Little or no added sugar
- Little or no added salt
- Relatively few calories

It's important to prepare nutrient-dense foods with minimal use of extra salt, sugar, and fats. You can phase in these changes slowly over a period of weeks or months. Examples of nutrient-dense foods include the following:

- Vegetables of all different colors
- Fruits, especially berries
- Whole grains
- Unsalted nuts and seeds
- Fat-free or low-fat dairy products
- Seafood
- Eggs
- Beans and peas
- Lean meat (minimal red meat) and poultry

In addition, pay attention to seeking unprocessed foods whenever possible. Many experts strongly suspect that a heavy reliance on processed foods has contributed to rising obesity rates in countries all over the world. That means cutting back on chips, packaged crackers, processed cheese, lunch meats, white bread, soft drinks, packaged bake goods — you get the idea. Look at the labels — just the sheer number of ingredients gives you some idea of how processed the food is that you're buying.

Filling up on fiber

Fiber is the part of food that the body does not digest. Fiber passes through your system and leads to better digestive health. A diet high in fiber supports weight loss by creating feelings of fullness. Fiber also reduces cholesterol, lowers blood sugar, and lowers risk of cardiovascular diseases. Most Americans fail to get much more

than half the fiber that's generally called for. The American Heart Association recommends women consume about 21 to 25 grams of fiber daily and men 30 to 38 grams.

TIP

To add more fiber to your diet, eat whole fruits instead of drinking juice, eat whole grains instead of white breads and pasta, and try to eat some of the following high-fiber foods:

- Apples
- Artichokes
- Avocados
- Bananas
- Beans
- Broccoli
- Brussels sprouts
- Chia seeds
- Flaxseeds
- Oatmeal (steel-cut is especially good)
- Pears
- Quinoa
- Raspberries
- Spinach
- Strawberries

TIP

Get in the habit of looking at food labels for the amount of fiber per serving. Whole foods are almost always higher in fiber than processed foods.

Cutting out calories

Here's where going slow matters. Cutting out 500 calories a day amounts to about 1 pound per week if your weight is currently stable. One way to get there is to make swaps of current high-calorie foods you eat for lower-calorie alternatives. Examples include the following:

Instead of this . . .	Try this . . .
Latte	Black coffee
Whole milk	Skim milk
Soda	Sparkling water
Ice cream	A bowl of berries with 1 tablespoon of whipped cream
Potato chips and dip	Vegetable sticks with hummus

TIP

You can also get there by looking for easy 100-calorie cuts to make from your usual diet. Some good examples include the following:

- Using cooking spray instead of a tablespoon of oil
- Cutting out one glass of wine or a beer
- Leaving one slice of cheese off your burger
- Cutting out one slice of bread
- Dropping the bacon from your sandwich
- Having some fruit instead of cookies
- Ordering veggie pizza instead of pepperoni

Still, 500 calories less per day may feel like a lot. You can cut a little less if you elongate the time for reaching your goal. You can also cut a little less if you increase the amount of exercise you're getting (see the "Boosting Metabolism" section, later in this chapter).

REMEMBER

Make your cuts tolerable. Going too fast likely won't work even though it can be more rewarding in the short run to see pounds drop off. Slower is better when it comes to weight loss.

TIP

Additional tips for cutting calories include the following:

- Use small plates and servings. You can always go back for more if you're truly hungry.
- Eat slowly and chew thoroughly. Your brain needs about 20 minutes to detect and send out signals for fullness.
- Don't eat in front of the TV or while reading. Distractions allow you to eat too much mindlessly.

- Put all food on your plate. Never eat out of a box or a bag where you can't see how much you've consumed.
- Avoid buying junk food. If it's in your kitchen, you'll end up eating it!

REMEMBER

There is no such thing as a totally forbidden food. Making something forbidden merely increases its desirability. You can still eat chocolate, pie, or ice cream. Just have it less often and in smaller portions.

Planning for holidays and eating out

Unfortunately (from a weight management perspective), holidays and eating out at restaurants are still likely to occur in your life. Let's consider dining out first. To manage your eating at restaurants, consider the following:

- Choose what you're going to eat before you arrive from the restaurant's online menu. Most places have them!
- Order one or two appetizers instead of an entrée.
- Consider ordering entrées that are baked or broiled instead of fried.
- Drink lots of water during your meal.
- Be the first to order so as not to be influenced by what others order.
- Have a cup of tea or coffee instead of dessert.
- Switch out vegetables instead of fries or pasta.
- Ask for salad dressing on the side.
- Consider having a small, modest dessert that you share with the table.

TIP

A particularly good idea is to ask for a to-go box at the beginning of your meal. Box up about half of your meal when it arrives, and have it the next day.

Holidays are often stressful. Adding a strict diet regimen may only add to the stress. Our advice: Try to maintain your weight during the holidays instead of sticking with austerity. That means keeping portions small, avoiding drinking too much, staying away from too much sugar, and remaining focused on healthy food choices as much as possible. Get through the season without a major setback.

A couple of the best diets to follow

Surf the Internet a while, and you can find every sort of diet imaginable. New ones pop up regularly. But even the term *diet* is problematic because it sounds so restrictive to most people. The best diet is one you can use as a guide to lifelong, healthy eating.

But if you want to use a particular diet for guidance, we have two to recommend:

- **Dietary Approaches to Stop Hypertension (DASH):** This diet includes six to eight servings of grains daily, along with four to five servings of vegetables, four to five servings of fruit, two to three servings of low-fat dairy, and one serving of lean meat, poultry, or fish. In addition, the plan calls for four to five servings of nuts or beans weekly, two to three servings of fats per day (a serving of fat can be as little as a teaspoon of oil), and five or fewer servings of sweets weekly. Check out *DASH Diet For Dummies,* by Sarah Samaan, Rosanne Rust, and Cynthia Kleckner (Wiley), for more information about this food plan. Numerous studies have shown it's effective for weight loss and reducing cardiovascular disease.
- **Mediterranean Diet:** The core message of the Mediterranean Diet emphasizes eating plants more than meat. It includes seven to ten servings of fruits and vegetables per day, combined with whole grains and healthy fats from olive oil. Small portions of fish, poultry, eggs, and beans provide protein. A bit of dairy is included, as well as modest intake of red wine, if desired. Occasional red meat is allowable. Processed foods (such as, hot dogs, sausages, lunch meats, packaged baked goods, and white breads) are to be avoided as much as possible. Check out *Mediterranean Diet For Dummies,* by Rachel Berman (Wiley), and *Mediterranean Diet Cookbook For Dummies,* by Meri Raffetto and Wendy Jo Peterson (Wiley), for more information about the Mediterranean Diet approach.

Boosting Metabolism

You have to deal with the fact that nicotine previously revved your metabolism, and now you'll have to adjust to that change by increasing your metabolism in other ways. You can find lots of

reputed ways of revving up your metabolism on the Internet, and these suggestions may help a little. Here are a few of them:

- Eat more protein.
- Drink cold water.
- Drink green tea.
- Eat more spicy foods.
- Drink coffee.

TIP

But the *real key* to boosting your metabolism is found in three words: *move, move, move.* We don't need to tell you again that exercise is healthy. But you don't have to become a gym rat to benefit from exercise. The federal government recommends the following guidelines for adults:

- Sit less.
- Exercise at least 150 minutes a week with moderate intensity. Even more exercise is better; more intense is good too.
- Engage in strength training twice a week with weightlifting involving all major muscle groups.

Additionally, older adults should include activities that improve balance. If you're unable to engage in moderate intensity exercise, you should do as much as you're able to.

If these exercise guidelines sound overwhelming to you, figure out what you do right now and find a way to do more. For example, if you haven't seen the inside of a gym or even exercised moderately in years, you're not hopeless! Start with where you're at right now.

TIP

Invest in a fitness tracker. Don't try to do anything except track how many steps you take in a day. If you're averaging as little as 1,500 steps per day, that's where you are. Start by making a goal of 1,750. Stay there for a week and move up to 2,000. Slowly increase your goal week by week. You can also gradually pick up your pace.

Some fitness trackers also nudge you with a vibration to remind you to walk a certain minimum number of steps each hour in

addition to your daily goal. All your walking doesn't have to occur in a single, long walk; you can break it into segments. Keep your metabolism revved with frequent walks.

You can add more steps by taking the stairs instead of the elevator, parking farther away from where you're headed, walking instead of driving, and taking walk breaks at work rather than planting yourself in a break room. Walking after meals may offer even more benefit.

REMEMBER

The human body is meant to move. The farther you go and the more frequently you do it, the better. Plus, walking is a great way to quell cravings to smoke or vape. Other than nicotine, exercise (including walking) is the only thing we know of that also stimulates and relaxes at the same time.

TIP

Your fitness tracker also stands ready to monitor your more intense exercise if and when you decide to include it in your regular life routine. It's rewarding to see the exercise numbers pile up throughout the day and week.

TIP

You can add more bits of exercise daily by standing at work, on the bus, or on the train rather than sitting. In addition, you can make a plan to do simple exercise during TV commercials. You don't have to exhaust yourself — just move!

TIP

There are lots of good, short exercise routines on the Internet. Try a few and see if they work for you. No fancy equipment is needed for most of them. We've both benefitted from these in-home, short routines to break up hours of sitting during writing days.

Staying Motivated

The less concern you have over controlling your weight, the easier time you'll have in controlling your weight. Paradoxical, but true. In other words, stress less and don't sweat about some extra pounds. You've done the hardest work — quitting smoking or vaping. You can lose a few pounds slowly but surely. There's no rush.

That's because the more you absolutely, positively, *must* do something (like lose weight), the less likely you are to find yourself able to do it. The pressure builds, and your resolve collapses.

REMEMBER

Smoking or vaping was likely a very rewarding companion for you. You probably turned to food as your new rewarding chum. That's understandable. Now it's time to find another buddy or two — ones that aren't deadly or unhealthy for you.

For starters, you may want to connect with a quit-smoking support group in person or online. You could also check out local or online support groups for weight issues.

IN THIS CHAPTER

- Knowing the value of self-compassion
- Being nice to yourself
- Saying no
- Letting go of the past

Chapter 13
Developing Self-Compassion

Have you ever watched a news story about a scam victim losing a big chunk of money to a fraudulent investment scheme? If so, you probably found it easy to feel compassion for the victim. You felt that way, even if the victim wasn't very sophisticated and failed to detect that something fishy was going on. You never thought that the victim was primarily at fault. The blame was on the perpetrator.

However, if you were the victim of the same scam and lost a bunch of money, you'd undoubtedly call yourself stupid for having been such a fool. You'd likely feel ashamed and guilty. Your confidence in yourself might be shaken badly. You would blame yourself rather than the conman that stole your money.

Most people can easily feel compassion for others, but they don't even think about having compassion for themselves. Yet, there is another way: It's called *self-compassion.* Self-compassion confers many benefits for those who manage to acquire it, including the following:

- Greater life satisfaction
- Better relationships

- Increased happiness
- Optimism

Self-compassion encompasses four somewhat related, overlapping concepts:

- Being kind to yourself
- Asserting yourself
- Forgiving yourself
- Accepting yourself

If you've battled an addiction such as smoking or vaping, you probably experienced a number of lapses or even relapses along the path toward eventually quitting.

If you have little self-compassion, you probably blamed yourself for relapsing, thought of yourself as weak, and stayed stuck longer than necessary. Self-compassion allows you to push forward through setbacks.

In this chapter, we discuss how to recognize the four related concepts of self-compassion. We also describe methods for enhancing each of these components.

Being Kind to Yourself

Being kind to yourself doesn't come so easily for most people. But it's a habit much like any other — something that can be strengthened and developed by repeated practice. It's easy to imagine being kind to others. For example, when someone is sick, you immediately feel empathy and concern. You ask what you can do to help.

Now it's time to start treating yourself the same way. When you're in pain, find ways to comfort and soothe yourself. The pain could be from craving a cigarette. Or the discomfort could be from a physical ailment. Or perhaps you've lost someone important to you, and you're suffering. Ask what you'd do or say to someone else and do it for you at such times. For example, you might do or say the following to yourself:

- Get more rest.
- Order food in tonight.

- Go out and see a movie if you're up to it.
- Hire a temporary cleaning person.
- Ask a friend for help.
- Take a mini vacation from work.
- Get yourself some chicken soup!

REMEMBER

Don't think that self-kindness is self-indulgent. When you treat yourself with kindness, you have more stamina in reserve for facing challenges. Realize that it takes time to develop the self-kindness habit. Consider putting a note on your refrigerator saying, "Be kind to yourself today."

Asserting Yourself

Part of showing self-compassion requires practicing standing up for yourself with others and learning to say no. That skill is called *assertiveness.* Assertiveness is an effective, middle-ground way of communicating wants and needs. It's positioned between overly passive and excessively aggressive communication styles.

Passive people acquiesce to the demands of others. When you acquiesce and simply do what others want, you end up neglecting your own wants and needs and show more compassion for others than for yourself. You may be too passive in dealing with others if you agree with many of the following statements:

- I'm afraid to disagree with others.
- I let other people have their own way.
- I apologize even when things aren't my fault.
- I hate it whenever someone is mad at me.
- I want everyone to like me.
- I give in to avoid any conflict.
- I say yes even when I want to say no.

Aggressive people dominate and attempt to crush those who oppose what they want. They show little regard for other people's desires even when others have a good point. You may be overly

aggressive in communicating with other people if you agree with many of the following statements:

- I have to win every disagreement.
- I don't care if I have to step on someone to get my way.
- I want to be in control at all times.
- I never see the point in apologizing for anything.
- If someone crosses me, I push back ten times harder.
- It's my way or the highway.
- I never walk away from a good fight.

Assertion, by contrast, is neither passive nor aggressive. To be assertive, you listen to others, evaluate any differences from your own views, and look for compromise positions. You don't automatically agree or reflexively disagree with others. You listen carefully and expect others to listen to you. Sometimes you may have conflict, but that's okay because conflict is inevitable in human interactions.

You probably have an attitude of assertiveness (and self-compassion) if you agree with many of the following statements:

- I have the right to express my opinions if I'm respectful of others.
- If someone asks me to do something, I have the fundamental right to say no.
- An important key to asking for what I want is to do so without anger or rancor.
- When people try to take advantage of me, it's my responsibility to stop them. I don't have to let it happen.
- I respect others, and I respect myself and my needs.
- If someone is unkind to me, I can choose to leave or say, "Stop being unkind."
- When I'm irritated, I will express it constructively.
- When a contentious issue arises and does not resolve, I can agree to disagree.
- When someone mistreats me, I can set a boundary without getting angry.

If you feel your assertiveness skills are up to snuff (no pun regarding tobacco intended), that's great. If not, it's probably something for you to work on. Being assertive is treating yourself with compassion and respect. You believe you're equal to others — no better no worse.

TIP

If you have trouble with assertiveness, you may want to consider talking with a mental health professional who can help you learn this skill. It can make a difference in your life.

Forgiving Yourself

If a little boy fell down in the mud, right in front of you and you were the only adult around, what would you do? Would you tell the kid to buck up and stop crying? Or would you help him to his feet, make sure he's not seriously hurt, dry him off, and maybe give him a hug?

When you fall down in the mud, what do you say to yourself? Do you scold yourself for being a klutz? Or do you get back up, tell yourself that it'll be okay, take a warm bath, and treat yourself to some hot tea? Far too many people take the self-critical approach.

When people criticize themselves, they often think that the self-condemnation will somehow motivate them to do better in the future. But self-criticism actually has a paradoxical effect. Instead of motivating people, it usually drains them of initiative.

Think of a teacher who berates and humiliates his students whenever they fall short of his expectations. Students who misbehave get their knuckles rapped with a ruler. By contrast, the teacher down the hall praises students for their efforts and encourages cooperation, creativity, and even the willingness to take a few risks and make a few mistakes. Which classroom would you want to be in? Which students do you think would perform the best? As you would probably guess, most students achieve more and perform better with the teacher down the hall.

Train your brain to be the teacher down the hall for yourself. When you mess up, make a mistake, or forget to do something, treat yourself with kindness and compassion. We give you more ideas for creating self-forgiveness in the sections that follow.

Saying no to perfectionism

One of the most common issues experienced by people with emotional problems is that of perfectionism. They adhere to a life credo of striving for ultimate flawlessness and a refusal to accept anything else. Examples of a perfectionistic attitude include the following:

- I cannot accept mistakes.
- I can't relax until my work is done.
- Work always comes before pleasure.
- I have extraordinarily high standards.
- I push myself relentlessly.
- I hate for my work to be interrupted.
- Play is for foolish people.
- Mistakes are unforgiveable.

REMEMBER

Perfectionism explains part of the power of nicotine for many smokers. People who work all the time don't give themselves permission to play or do anything but toil. Nicotine delivers badly needed feelings of pleasure without interrupting the ever-constant striving of perfectionists.

Perfectionists do literally millions of things very well. But they dwell on their mistakes. One way to battle perfectionism is to start valuing and appreciating mistakes. Mistakes have much to teach you if you let them. Savor your mistakes!

TIP

Let's say that a perfectionistic man has stopped vaping for over a year. He ends up lapsing after getting a traffic ticket. He's so upset about the ticket (a mistake on his part) that he self-sabotages by vaping. He made one mistake, but he failed to learn from it and he made another (vaping). Ideally, he can embrace his mistakes and stop a continued cycle of mistakes by forgiving himself and moving on.

One last example of the absurdity inherent within a perfectionist's perspective: Imagine a painting of a landscape. The grass is cut evenly, the sky is blue with no clouds, flowers are all in full bloom, and the sun is shining. No weeds in sight. Trees have perfect, unbent branches. Everything is in order. Would you feel

drawn to this scene? Or would it seem artificial and unreal? Would it feel like it's missing something? Would the painting seem uninteresting and flat? Imperfections give us richness and true beauty. The painting begs for life, flaws included. That's what giving up perfectionism gives you.

Not turning guilt into shame

Simply put, guilt is a reaction people often have when they've done something wrong or inappropriate. Guilt can be a useful emotion in that it tells you to pay attention to your behavior. If you've violated one of your own personal moral guidelines, guilt can alert you to that and make you more sensitive to the issue in the future.

On the other hand, many people respond to personal transgressions by feeling a deep sense of shame. Shame represents a personal evaluation of the entire self. It's a global, painful, humiliating feeling of unworthiness and disrepute. Unlike guilt, shame erodes the belief that change is even possible. It repudiates the soul. Such self-repudiation hardly paves the way for moving to a better place. Instead, it keeps you stuck, mired in self-loathing.

REMEMBER

Guilt tells you that you *did* something bad. Shame tries to tell you that *you're* bad.

WARNING

Shame has a variety of toxic effects on those who experience it, including:

- Increasingly engaging in self-destructive behaviors, such as a relapse in smoking
- Self-sabotaging by getting into unnecessary arguments
- Neglecting yourself
- Believing you're undeserving of good outcomes

If you've acquired the shame habit, it's time to do something about it. With shame, it's like you're stuck in a muddy pothole in your road of life. It's time to fill that hole in with sand rather than more water. To fill up that hole of shame try the following:

- Admit that you have these powerful feelings of shame and share them with someone you trust. If you don't have the right person in your life, consider seeing a therapist.

- Ask yourself if your actions are more appropriate for the feeling of guilt, which is a normal response to misbehavior. Is shame possibly an overreaction?
- Appreciate that guilt is an emotion that pushes you to change your ways. Shame stops change cold.

REMEMBER

Quite a few smokers feel ashamed of their habit. They feel humiliated and weak — not a good place to be if the goal is quitting. Instead, realize that no smoker starts smoking with the intention of becoming addicted. So give up shame and understand that smoking does not define you. Self-forgiveness is a better path.

Enhancing self-forgiveness

The road to finding self-forgiveness can be a rocky one. It takes time, perseverance, and patience. We offer the following strategies to stimulate your endeavor.

Figuring out what's responsible: Taking a look at the blame game

When people feel guilty about something, they often assume the complete blame or responsibility about what they did. That's rarely true. Let's take smoking, for instance. Smokers think that they are entirely responsible for their habit. In some ways, that's true.

Indeed, smokers are the only ones who can stop smoking. But if you take a wider lens, many other factors are likely responsible for a smoking habit. For example:

- **Heredity:** There is an inherited tendency to become addicted to nicotine and other drugs. This inherited tendency is out of the smoker's control.
- **Upbringing:** The way smokers are raised has a lot to do with whether she develops self-control, has models who smoke, or has opportunities to smoke at a young age.
- **Exposure to secondhand smoke:** This appears to seed the nicotine addiction in many cases by altering brain development.
- **Exposure to advertising:** Tobacco companies spend millions of dollars trying to influence especially vulnerable populations such as young people to become smokers (and vapers). They have decades of experience and are quite good at what they do.

- **Peer influences:** When a teen's best friends smoke or vape, he's more likely to start. If peer groups exert pressure or simply provide multiple models for smoking or vaping, it can prove to be an irresistible force.

Ponder this list of sources of blame for acquiring the smoking habit. Consider which of these may have influenced you and to what degree. Ultimately, there is no definitive answer. But what is clear is that no one deserves 100 percent of the blame. We suspect these factors account for a majority of the influences that lead people to nicotine addiction.

Realizing that the past is the past

Many people carry their past throughout their adulthood. It's important to understand that you can't change what's already happened in your life. Focus on the present and the future because that's where you can make changes. Use your past mistakes only as a guide to improve your present and future decisions.

Accept that you're human. You, like every other person in the world, have hurt others and made dreadful mistakes. You, also like everyone else, need to take responsibility for what you've done. However, being truly human means you can't be perfect. So strive to feel compassion for yourself.

Accepting Yourself

Accepting yourself takes the idea of forgiving yourself one step further. With this approach, you drop the entire notion that there's even something to forgive. In other words, you quit judging, evaluating, and critiquing. Doing so frees up emotional energy to be directed toward whatever you want.

Letting go of self-evaluations

Rating or grading yourself is a foolish endeavor. The process almost never produces anything useful. So let us explain why the practice of judging and evaluating yourself is a bad way to go:

- **Evaluating yourself takes up valuable time.** You could spend that time fishing or going to a movie. Why waste it on self-evaluation?

- **Evaluating yourself takes away your attention from problems at hand.** Studies show us that people focused on how they're doing actually perform worse because they're concentrating on their self-judgments rather than working on a problem or task.
- **Self-evaluation promotes thinking in terms of all good or bad.** Most actions we take involve a complex mix of outcomes.
- **It's impossible to rate your overall worth.** For example, say you're a model citizen who volunteers, helps your neighbors, participates in neighborhood cleanups, and donates to charity. One day, you're texting while driving and accidently hit another vehicle, causing minor injuries. Are you a good person or a bad person? Neither. The very idea of evaluating you as a totality is absurd.

Accepting yourself is another facet of acquiring a mindful lifestyle. Mindfulness involves awareness of present moments without judgment. Similarly, accepting yourself means letting go of the need to judge or evaluate yourself as a person, which can interfere with living a fulfilling life. Instead, you can explore yourself with curiosity and detachment and learn a lot in the process.

Exploring accepting affirmations

An additional avenue toward self-acceptance can be found by exploring accepting affirmations. We have a sample list for you, but feel free to add to it or make your own.

- I am today and not my past.
- Living matters more than judging.
- I am open to all possibilities and potentials.
- I don't need to fear failure if I just open myself to greater understanding.
- My experiences matter more than my accomplishments.
- I don't need to say I'm sorry for being who I am.
- I accept who I am unconditionally.
- I am grateful for my life.

- I feel comfortable with myself.
- I matter.
- I am neither perfect nor flawed.
- I accept my body and embrace it.

TIP

Research tells us that familiar things are more believable, so we recommend that you repeat these affirmations often. They'll slowly begin to feel part of you. Consider making flashcards with a few of your favorite affirmations.

REMEMBER

These affirmations can help you avoid dropping into a hole when negative events occur. Instead of berating yourself, you can give yourself true self-compassion. You can refocus on your goals and stop negative, self-defeating beliefs. And affirmations as part of self-compassion can help you stay nicotine-free for the long run.

IN THIS CHAPTER

- Finding credible information online
- Digging deeper into the research
- Checking out Canadian resources

Chapter 14
Ten (Or So) Reliable Resources for More Information

Surf the web, and you'll find that information abounds when it comes to smoking and vaping. But, as you know, the web is filled with accurate information, misleading information, and downright false information. Scratch the surface of many websites, and you'll see they're nothing more than thinly disguised marketing ploys designed to sell products or gather subscriptions.

In this chapter, we give you ten (or so) reliable web-based resources. There are no promises of easy ways to quit or completely safe and satisfying alternatives to smoking and vaping. But you can obtain solid information from the following sites.

TIP

If you're looking for more information online, keep in mind that the most reliable sources of information on quitting smoking are typically federal, state, and locally funded agencies, as well as trusted medical centers and institutions (like the Mayo Clinic) and nonprofit organizations. Beware of any site that tells you that vaping is completely safe, that promises a quick or easy way to quit, or that's trying to sell you something or give you something for free in exchange for your email address.

The American Cancer Society

The American Cancer Society offers lots of resources on quitting smoking at www.cancer.org/healthy/stay-away-from-tobacco.html. The American Cancer Society also sponsors the Great American Smokeout on the third Thursday in November of every year. It's a great day to quit smoking! Find out more at www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html.

The American Lung Association

The American Lung Association (www.lung.org) offers lots of reliable information about lung cancer and smoking. It also has a quiz on its website designed to determine if you're eligible to receive a lung cancer CT scan. Just go to www.lung.org/our-initiatives/saved-by-the-scan/. The quiz takes less than a minute and could save your life.

TIP

If you've been a long-term smoker, and you're suffering from chronic lung problems, the American Lung Association is *the* place for you to find out more important information.

If you're a Canadian who wants to quit smoking, check out www.lung.ca/lung-health/ smoking-and-tobacco, a page on the Canadian Lung Association's website. It offers tips on controlling withdrawal symptoms and explanations of the benefits you'll see over time when you quit smoking.

Cochrane Reviews

You can look up the latest information about smoking, vaping, tobacco, addiction, and health at www.cochrane.org. Cochrane is an organization that promotes evidence-informed health decision-making by looking at published research and rigorously evaluating its quality. It attempts to be unbiased and objective, and it doesn't accept donations from commercial sources or sources that have conflicts of interest. Although the articles contain some sophisticated statistics, you don't have to be a full-fledged scientist to read its reviews — you can understand the gist of the conclusions even without an advanced degree. Better still — the reviews are free!

The US Centers for Disease Control and Prevention

The US Centers for Disease Control and Prevention (CDC) has a large section on its website dedicated to smoking and tobacco use, including tips from former smokers on how to quit. Go to `www.cdc.gov/tobacco/`. In addition, the CDC has an extensive library of information about heart disease, cancer, and chronic obstructive pulmonary disease (COPD).

The National Institute on Drug Abuse

Go to `www.drugabuse.gov` to find scientific information about addiction and drugs. The National Institute on Drug Abuse has screening tools for adults and adolescents. You can find articles written in both English and Spanish, as well as easy-to-read drug facts.

Smokefree.gov

Smokefree.gov is a fabulous, user-friendly, and federally sponsored website that has specific information for veterans, women, teens, adults over 60, and Spanish speakers. In addition, it offers 24/7 support from your smartphone.

Your State Quitline

Each state maintains a phone quitline and website for helping smokers quit. Their advice is sound and generally well researched. Simply search the web for your state's name and the word *quitline.* It will pop up immediately.

The American Heart Association

You can find tips for quitting smoking and vaping on the American Heart Association's website at `www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco`.

There are also articles with ideas for helping teens refrain from vaping and smoking.

The Canadian Cancer Society

The Canadian Cancer Society offers two types of support through the Smokers' Helpline when you want to kick the nicotine habit: online support groups and a self-directed quit program. Find out more at www.smokershelpline.ca. The website also offers help for planning to quit, a calculator to show how much you can save by quitting smoking, and a lot more. The helpline also runs periodic Quit and Win challenges.

Government of Canada

The Canadian government had your health in mind when it put together a resource page on www.canada.ca with links to free online support to quit smoking in every province and territory. To find a resource in your area, go to https://bit.ly/3nqCtbd. You can also find the latest information on smoking laws and regulations as well as statistics at www.canada.ca/en/health-canada/services/smoking-tobacco/quit-smoking.html.

Lung Cancer Canada

On its Smoking page, Lung Cancer Canada provides links to smoking cessation resources, including national programs and those in the provinces and territories. Check them out at www.lungcancercanada.ca/Lung-Cancer/Causes/Smoking.aspx.

Truth Initiative

The Truth Initiative is a nonprofit, public health organization committed to achieving a culture that rejects tobacco. It has tons of reliable information on vaping and quitting smoking of all types. You can find the Truth Initiative at www.truthinitiative.org.

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About the Authors

Laura L. Smith, PhD: Dr. Smith is a clinical psychologist. She is past-president of the New Mexico Psychological Association. She has considerable experience in school and clinical settings dealing with children and adults who have emotional disorders, frequently accompanied by substance abuse problems, including smoking and vaping. Dr. Smith is a widely published author of articles and books to the profession and the public.

Charles H. Elliott, PhD: Dr. Elliott is a clinical psychologist and currently president of the New Mexico Psychological Association. He is also a professor emeritus at Fielding Graduate University and has served on the faculty of two medical schools. He has extensive experience in the treatment of children, adolescents, and adults with emotional disorders, especially disorders that interact with health, such as smoking and vaping. Dr. Elliott has authored many professional articles, book chapters, and books in the area of health psychology and cognitive behavior therapies.

Drs. Smith and Elliott have worked on numerous publications together. They are coauthors of *Anger Management For Dummies* (Wiley); *Child Psychology & Development For Dummies* (Wiley); *Overcoming Anxiety For Dummies* (Wiley); *Obsessive Compulsive Disorder For Dummies* (Wiley); *Depression For Dummies* (Wiley); *Hollow Kids: Recapturing the Soul of a Generation Lost to the Self-Esteem Myth* (Prima Lifestyles); *Why Can't I Be the Parent I Want to Be?* (New Harbinger); and many other books. Their work has been featured in various media including *Family Circle, Parents, Child, Better Homes & Gardens, New York Post, Washington Times, Daily Telegraph* (London), NPR, CNN, Canada AM, and various Sirius Satellite radio shows. They have committed their professional lives to making the science of psychology relevant and accessible to the public.

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